MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 245

1. PLACE OF DEATH: COUNTY Prince Georges — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Seat Pleasant — LENGTH OF STAY (In this place) Died
HOSPITAL OR INSTITUTION OR STREET ADDRESS Seland Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Pr Geo
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Lakeland
STREET ADDRESS (If rural, give location) 4704 Lakeland Road

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Ethel		Anderson	Dec.	1	1951

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify)	8. DATE OF BIRTH	9. AGE Last birthday	If under 1 year: Months	Days	If under 24 hrs: Hours	Min.
Female	Colored	Widowed	Feb. 26, 1893	58 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Cook	Sorority House	Florida	U.S.A.

13. FATHER'S NAME: Samuel Brotsey
14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
No		Grace Nesbit - Daughter 45 24 Navahoe St. Lakeland

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a) Coronary Occlusion	
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Cardiovascular renal disease	
(c)	

I20.1
I21.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
John J. Maloney M.D.	Dep. Med. Exam.	Cheverly-Hyattsville Md	12-1-51

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Removal	12/2/51		Washington, D.C.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
12/2/51	Amanda Downey	Henry S. Washington	467 N St N.W.
12/4/51	James Seery		

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct answer is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
DEC 16, 1951
BUREAU V. S.

12399

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 243

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Prince Georges — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Glenn Dale (Rural) — LENGTH OF STAY (in this place) 431 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Glenn Dale Sanatorium

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE D. C. — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington
STREET ADDRESS (If rural, give location) 5304 Call Place SE

3. NAME OF DECEASED (Type or Print): (First) Wilbert (Middle) R (Last) Anderson
4. DATE OF DEATH: (Month) 12 (Day) 2 (Year) 1951

5. SEX: male
6. COLOR OR RACE: negro
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)
8. DATE OF BIRTH: 1,17,02
9. AGE last birthday: 49 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Truck Driver
10b. KIND OF BUSINESS OR INDUSTRY: Self-employed
11. BIRTHPLACE (State or foreign country): North Carolina
12. CITIZEN OF WHAT COUNTRY? U S A

13. FATHER'S NAME: Floyd Anderson
14. MOTHER'S MAIDEN NAME: Daisey Palmer

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)
16. SOCIAL SECURITY No.: ?
17. INFORMANT AND ADDRESS: Decedent

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Far advanced - Pulmonary tuberculosis — 33 Months

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. concomitant ~~thoracic~~ upper respiratory reclosis

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9,27, 1950, to 12, 2, 1951, that I last saw the deceased alive on 12, 2, 1951, and that death occurred at 4 55 A.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Daniel Lee Finucane M.D — Glenn Dale Sanatorium, Glenn Dale Md

23. BURIAL, CREMATION, REMOVAL (Specify) | DATE THEREOF 12/2/51 | NAME OF CEMETERY OR CREMATORY | LOCATION (City, town or county) Washington DC (State)

DATE REC'D BY LOCAL REG. 12/2/51 | REGISTRAR'S SIGNATURE Hal Weiss | 24. FUNERAL DIRECTOR | ADDRESS Malvan & Adler Inc, 424 N St NW. Wash, D.C.

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DEC 12 1951
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

12400

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 242

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct and is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A

1. PLACE OF DEATH
COUNTY Prince Georges — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bradbury Village
LENGTH OF STAY (In this place) Lifetime
HOSPITAL OR INSTITUTION OR STREET ADDRESS 5517 Utah Ave

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland — COUNTY P.G.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bradbury Village
STREET ADDRESS (If rural, give location) 5517 Utah Ave

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Patrick	Dunlop	Austin	12	29	1951

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify)	8. DATE OF BIRTH	9. AGE last birthday yrs.	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
male	White	single	Nov 3 1951		1	2		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
none	infant	Washington D.C.	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
John Florea Austin	Anna Louise Moore

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
No	None	Mrs. G. L. Austin same address

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a) Asphyxia	
9240 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Suffocation in bed clothes	
182 (c)	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
	Home	Bradbury Village	P.G.	Md

TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	INJURY OCCURRED While at work ☐	Not while at work ☒	HOW DID INJURY OCCUR?
12	29	51	Am.			Smothered in bed clothes

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐ Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☑, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
James Boyd	M. D.	Forestville Md	1/2/52

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	1/2/1952	Arlington Nat'l Cemetery	Arlington, Va.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Dec. 30-1951	Louis F. Campbell	W. W. Chambers Co.	5117 Baltimore Blvd

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JAN 3 1952
BUREAU V. S.

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MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 231

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH: COUNTY Prince Georges — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bladensburg — LENGTH OF STAY (In this place) transit
HOSPITAL OR INSTITUTION OR STREET ADDRESS 4700 - Upshur St.,

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Prince Georges
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hyattsville
STREET ADDRESS (If rural, give location) 4600 - Gallatin St.

3. NAME OF DECEASED (Type or Print): (First) Dorsey (Middle) LeRoy (Last) Cyrus

4. DATE OF DEATH: (Month) Dec. (Day) 25 (Year) 1951

5. SEX: Male

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: 11-23-25

9. AGE last birthday: 26 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Truck driver

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Washington DC

12. CITIZEN OF WHAT COUNTRY: U.S.A.

13. FATHER'S NAME: Dorsey Cyrus

14. MOTHER'S MAIDEN NAME: Louise Gross

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: 218-14-5232

17. INFORMANT AND ADDRESS: Wife - 4205 - 46th Ave. - Hyattsville

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

981X **Immediate cause** (a) Hemorrhage & shock

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

166 (b) Gun shot wounds of chest.

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.): Inn — (CITY OR TOWN) Bladensburg — (COUNTY) Pr. Geo. — (STATE) Md.

TIME OF INJURY (Month) (Day) (Year) (Hour): 12-25-51 @ m. — INJURY OCCURRED While at work ☐ Not while at work ☒ — HOW DID INJURY OCCUR: Shot by another man.

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☒ undetermined ☐.*

SIGNATURE: John W. Mahony — (Degree or title): M.D. Dep. Med. Exam. — ADDRESS: Cheverly, Hyattsville, Md. — DATE SIGNED: 12-25-51

23. BURIAL, CREMATION, REMOVAL (Specify) | DATE THEREOF: 12/25/51 | NAME OF CEMETERY OR CREMATORY: Woodlawn | LOCATION (City, town, or county): Washington (State): D.C.

DATE REC'D BY LOCAL REG.: 12-25-51 | REGISTRAR'S SIGNATURE: Amanda Downey | 24. FUNERAL DIRECTOR — ADDRESS: John T. Rhyne & Co. 901 - 2nd St. S.W., Wash., D.C.

RECEIVED
DEC. 28 1951
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

12402

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 239

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MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Prince George's; STATE MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Laurel; LENGTH OF STAY (in this place) 45yrs; HOSPITAL OR INSTITUTION OR STREET ADDRESS 408 Laurel Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Prince Georges; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Laurel; STREET ADDRESS (If rural, give location) 408 Laurel Ave.

3. NAME OF DECEASED (Type or Print): (First) Clarence (Middle) Lee (Last) Baker

4. DATE OF DEATH: (Month) (Day) (Year) December 2 1957

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Mar. 25, 1906

9. AGE last birthday: 45 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Supervisor

10b. KIND OF BUSINESS OR INDUSTRY: U.S. Govt Post Office

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: John Henry Baker

14. MOTHER'S MAIDEN NAME: Mary Lankford

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS: Edward Baker, Laurel, Md

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		Interval Between Onset and Death
Immediate cause	(a) Coronary occlusion	30 min.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Coronary heart disease	2 yrs. 9 mo.
	(c)	

420.1
94a

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9/20, 19 35, to 12/2, 19 57, that I last saw the deceased alive on Dec. 13, 1957, and that death occurred at 6 45 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) J. M. Warren ADDRESS Laurel D.G. DATE SIGNED 12/3/57

23. BURIAL, CREMATION, REMOVAL (Specify): Burial; DATE THEREOF 12/5/57; NAME OF CEMETERY OR CREMATORY Holy Rood Cemetery; LOCATION (City, town, or county) (State) Laurel, Maryland

DATE REC'D BY LOCAL REG. Dec 5-1957; REGISTRAR'S SIGNATURE M. Brashears

24. FUNERAL DIRECTOR: DeWitt Davidson; ADDRESS Laurel, Md

290906

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DEC 10 1951
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 745

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County: Prince Georges

City or town: Mt Rainier Md. (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 5 years

Hospital, institution, or street address where death occurred: 4301 - Kaywood Dr. Apt. 6

How long in hospital or institution? none

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)

State: Md. County: Prince Georges

City or town: Mt Rainier (If outside city or town limits, write RURAL and give nearest town)

Street No. 4301 Kaywood DR. (If rural, give LOCATION)

2.(a) If veteran, name war:

3. (a) FULL NAME Jack. Bass

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Married.

6.(b) Name of husband or wife: May Bass

7. Birth date of deceased (mo., day, yr.): 7-15-1908 6.(c) If alive, give age: 43 years

8. AGE: Years 43 | Months 5 | Days 10 | If less than one day: ....hrs. ....min.

9. Birthplace: Russia (Town, county, and state)

10. Usual occupation: Restaurant Opr.

11. Industry or business:

FATHER 12. Name: Samuel Bass

13. Birthplace: Russia

MOTHER 14. Maiden name: Goldie —

15. Birthplace: Russia

16. Informant: Sol Bass

Address: 3208 Kenyon Code Island Ave

17. (Burial, cremation, or removal, Which?) Date thereof: Dec 25-1951 (month) (day) (year)

Cemetery or crematory: Ohel Shalom

Location: Washington D C

18. Funeral director: Goldberg Funeral Home

Address: 4717-19 St. N W

19. Dec. 25 1951 (Date rec'd by registrar) Mrs. Jas. Severe Deputy Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Dec 25 1951 at 11:30 A.M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 6 1951 to Dec 25 1951 and that I last saw h.. alive on Dec 22 1951

	DURATION
Immediate cause of death: Coronary Occlusion	Sudden
Due to: Coronary Insufficiency	Frequent attacks since July 6
Due to:	
Other conditions: 4301	

(Include pregnancy within 3 months of death)

940

Major findings of operations: ....Date of op.....

Autopsy results:

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: ....Date of.....

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury: Injured at work?

23. SIGNATURE: Wm H. Norton M. D. or other

Address: 3827-34 St NW Date signed: 12-25-51

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DEC 1 1
BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 231

1. PLACE OF DEATH: COUNTY Prince Georges — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cheverly — LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince Georges General

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Howard
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Laurel
STREET ADDRESS (If rural, give location) R.F.D. Laurel

3. NAME OF DECEASED (Type or Print): (First) Harry (Middle) Guy (Last) Bedwell
4. DATE OF DEATH: (Month) Dec. (Day) 31 (Year) 1951

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: 6-22-1874
9. AGE last birthday: 77 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired
10b. KIND OF BUSINESS OR INDUSTRY: Horse Trainer
11. BIRTHPLACE (State or foreign country): Oregon
12. CITIZEN OF WHAT COUNTRY: USA

13. FATHER'S NAME: John W. Bedwell
14. MOTHER'S MAIDEN NAME: Margaret Ann McAllister

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): Unknown
16. SOCIAL SECURITY NO.:
17. INFORMANT AND ADDRESS: Mrs Edwin Murphy, 610 5th St. Laurel

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Acute congestive heart failure

442 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last — (b) Cardiovascular renal disease.

131a (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING CAUSE OF DEATH. | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at work ☐ Not while at work ☐ | HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ___, Inspection X, Inquiry X thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes X, accident ___, suicide ___, homicide ___, undetermined ___.*

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

John J. Maloney M.D. Dep. Med. Examiner, Cheverly Md 12-31-51

23. BURIAL, CREMATION, REMOVAL (Specify): entombment | DATE THEREOF 1/3/52 | NAME OF CEMETERY OR CREMATORY: Fort Lincoln Cemetery | LOCATION (City, town, or county) (State): Washington, D.C.

DATE REC'D BY LOCAL REG. Jan 3-1952 | REGISTRAR'S SIGNATURE | 24. FUNERAL DIRECTOR ADDRESS: DeWitt Donaldson, Laurel, Md.

Jan. 5, 1952 Amanda Downey

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS/A15A

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 2 43

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH: COUNTY Prince Georges — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Glendale
LENGTH OF STAY (in this place) 3 mos
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Prince Georges
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Glendale
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Calvin (Middle) Leon (Last) Bell

4. DATE OF DEATH: (Month) Dec (Day) 28 (Year) 1951

5. SEX: Male

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: Sept 26, 1950

9. AGE last birthday: yrs. 3 | If under 1 year: Months | Days 4 | If under 24 hrs: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Washington, D.C.

12. CITIZEN OF WHAT COUNTRY: U.S.A.

13. FATHER'S NAME: Raymond Irvin Bell

14. MOTHER'S MAIDEN NAME: Julia Anna Jackson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of):

16. SOCIAL SECURITY NO.:

17. INFORMANT AND ADDRESS: Father -- Same address.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Acute congestive heart failure

491 X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Broncho pneumonia

107 (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Prematurity

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. | PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at work ☐ Not while at work ☐ | HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ___, Inspection X Inquiry X thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes X accident ___, suicide ___, homicide ___, undetermined ___.*

SIGNATURE: John D. Maloney, M.D. (Degree or title) ADDRESS: Rte. 1 Box 1 Glenn Chevery Hyattsville, Md. DATE SIGNED: 12-28-51

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF | NAME OF CEMETERY OR CREMATORY: Brookland Cemetery | LOCATION (City, town, or county) (State): Glendale, Md.

DATE REC'D BY LOCAL REG. 12/29/51 | REGISTRAR'S SIGNATURE: Amanda Downey
1/2/52 Agnes M. Gosling

24. FUNERAL DIRECTOR: F. Gaschi Sons | ADDRESS: Hyattsville, Md.

RECEIVED
JAN 22 19[illegible]
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 2-42

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct answer is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH: COUNTY Prince Georges — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Oxon Hill — LENGTH OF STAY (In this place) 16 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS 6800 Brinkley Road

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY [illegible]
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Oxon Hill
STREET ADDRESS (If rural, give location) 6800 Brinkley Road

3. NAME OF DECEASED (Type or Print): (First) James (Middle) Marshall (Last) Bell

4. DATE OF DEATH: (Month) 12 (Day) 17 (Year) 1937

5. SEX male — 6. COLOR OR RACE Colored — 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) married — 8. DATE OF BIRTH — 9. AGE last birthday 62 yrs. — If under 1 year: Months — Days — If under 24 hrs: Hours — Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) laborer — 10b. KIND OF BUSINESS OR INDUSTRY building — 11. BIRTHPLACE (State or foreign country) Maryland — 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Slater Bell — 14. MOTHER'S MAIDEN NAME Anna Harris

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no — (If yes, give war or dates of service) — 16. SOCIAL SECURITY NO. — 17. INFORMANT AND ADDRESS Katie Bell. same address

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) acute congestive heart

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Cardiovascular renal disease

(c)

4442X
1-31

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING CAUSE OF DEATH. — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at work ☐ Not while at work ☐ — HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ___, Inspection ✓, Inquiry ✓ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ✓, accident ___, suicide ___, homicide ___, undetermined ___.*

SIGNATURE James D. Floyd — (Degree or title) M.D. — ADDRESS Forestville Md — DATE SIGNED 12-[illegible]-37

23. BURIAL, ~~CREMATION~~ REMOVAL (Specify) — DATE THEREOF 12-17-37 — NAME OF CEMETERY OR CREMATORY Gibbons McCormick Cem. — LOCATION (City, town, or county) Brandywine — (State) Md

DATE REC'D BY LOCAL REG. Dec 17-1937 — REGISTRAR'S SIGNATURE Edna [illegible] Collins — 24. FUNERAL DIRECTOR Eugene Ford — ADDRESS 1213 4th St SW Washington DC

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 245

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A

1. PLACE OF DEATH: COUNTY Prince George's — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hyattsville — LENGTH OF STAY (in this place) Jones
HOSPITAL OR INSTITUTION OR STREET ADDRESS 5904 Knollbrook Dr.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY P. G.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hyattsville
STREET ADDRESS (If rural, give location) 5904 Knollbrook Drive

3. NAME OF DECEASED (Type or Print)	(First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
	Edwin	Carlton	Bloss, Jr.	Dec.	30	1951

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs: Hours	Min.
Male	White	single	7-19-1925	26 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Electrical Eng	W. T. Sails Naval Str	Washington, D.C.	U.S.A.

13. FATHER'S NAME Edwin C. Bloss Sr. — 14. MOTHER'S MAIDEN NAME Bernice Sabatka

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) — 16. SOCIAL SECURITY NO. — 17. INFORMANT AND ADDRESS Brother - 5922-13th St. N.W. Wash. D.C.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Intracranial hemorrhage.

Antecedent cause(s) Disease or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Subarachnoid hemorrhage

(c) Rupture of cerebral aneurysm

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☒ No ☐

21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING CAUSE OF DEATH.	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?
m.		

22. *I certify that I took charge of the remains described above, held an Autopsy ☒, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
John D. Malone Jr.	M.D. Dep. Med. Exam.	Church St. Hyattsville Md.	12-30-51

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	1-3-52	Arlington Memorial Park	Fairfax Co.	Va.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Dec. 31 1951	Mrs. Jas. Severe (Deputy Local Reg.)	J. Roma Funeral Home	254 - Carroll St. Washington D.C.

JAN 2 19[illegible]
BUREAU U. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 231

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Prince George. STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cheverly. LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince Geo Gen Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Prince George
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN College Park
STREET ADDRESS (If rural, give location) 8902 - Baltimore Ave.

3. NAME OF DECEASED (Type or Print): (First) Willard (Middle) FRASER (Last) Boteler
4. DATE OF DEATH: (Month) Dec (Day) 3 (Year) 1951

5. SEX: male
6. COLOR OR RACE: WHITE
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): MARRIED
8. DATE OF BIRTH: 6-29-1885
9. AGE last birthday: 66 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Plumber
10b. KIND OF BUSINESS OR INDUSTRY: General Repair
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY: USA.

13. FATHER'S NAME: Benjamin Franklin Boteler
14. MOTHER'S MAIDEN NAME: Fannie J. Stubinger

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service): None
16. SOCIAL SECURITY NO.: Unknown
17. INFORMANT AND ADDRESS: Florence I. Colbert - 9137 - Baltimore Ave. College Park Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Acute Congestive Heart Failure	1-2 wks
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Uremia	4-5 dy
	(c) Generalized Arteriosclerosis	?

4560 9322

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. -

19a. DATE OF OPERATION: -
19b. MAJOR FINDINGS OF OPERATION: -
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: -
(CITY OR TOWN): -
(COUNTY)
(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour): - m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR? -

22. I hereby certify that I attended the deceased from Nov. 24, 1951, to Dec. 3, 1951, that I last saw the deceased alive on Dec. 2, 1951 and that death occurred at 2:15 A.M., from the causes and on the date stated above.

SIGNATURE: Wol. Etienne (Degree or title) ADDRESS: WOLCOTT L. ETIENNE, M. D. 4713 BERWYN ROAD COLLEGE PARK, MD DATE SIGNED: 12/3/51

23. BURIAL, CREMATION REMOVAL (Specify): BURIAL
DATE THEREOF: 12/6/1951
NAME OF CEMETERY OR CREMATORY: St John Epis Ch. Cemetery
LOCATION (City, town, or county): Bertsville, Pr. Geo (State) Md

DATE REC'D BY LOCAL REG. 12/3/51
REGISTRAR'S SIGNATURE: Amanda Downey
24. FUNERAL DIRECTOR: W. W. Chambers Co - Riverdale Md ADDRESS

5'11-

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 231

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

1. PLACE OF DEATH: COUNTY Prince Georges — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cheverly
LENGTH OF STAY (in this place) 12 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince George Gen Hosp

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Prince George
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Capitol Heights
STREET ADDRESS (If rural, give location) 816-60 [illegible]

3. NAME OF DECEASED (Type or Print): (First) Dorothy (Middle) (Last) Brady
4. DATE OF DEATH: (Month) Dec (Day) 2 (Year) 195[illegible]

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Female	white	married	22 Nov 1910	40 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife	none		U.S.A.

13. FATHER'S NAME [illegible] Brady
14. MOTHER'S MAIDEN NAME Mary Alice Rane

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. [illegible]
17. INFORMANT AND ADDRESS Laura J. Brady

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Multiple pulmonary Infarcts.

465X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Adhesive Pericarditis

90k (c) Scleroderma, Generalized — 4 Years.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from March 17, 1947, to Dec 2, 1951, that I last saw the deceased alive on Dec 1, 1951, and that death occurred at 1:20 P.m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
W. Suit Ritchie	M.D.	7005 Ritchie Road S.E. Wash 19. D.C.	

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	12-5-51	Cedar Hill	Suitland, Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
12-2-51	Amanda Downey	W. W. Chambers	517-11th St. SE.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

240

CERTIFICATE OF DEATH

Reg. Dist. No. 105

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct name is especially important. Physicians please write the causes of death clearly and legibly.

VS-A25

1. PLACE OF DEATH: COUNTY Prince George — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Aquasco Md. — LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md — COUNTY Prince George
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Aquasco Md
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) John (Middle) H (Last) Brown

4. DATE OF DEATH: (Month) 12 (Day) 2 (Year) 1951

5. SEX M — 6. COLOR OR RACE Negro — 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) — 8. DATE OF BIRTH 1866 — 9. AGE last birthday 85 yrs. — If under 1 year: Months, Days, Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Tenant Farmer — 10b. KIND OF BUSINESS OR INDUSTRY — 11. BIRTHPLACE (State or foreign country) Charles Co. Md — 12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME Rucy Brown — 14. MOTHER'S MAIDEN NAME Emiline Brown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) — (If year, give war or dates of service) — 16. SOCIAL SECURITY No. NK — 17. INFORMANT AND ADDRESS Sidney Coates

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Cerebral Hemorrhage — Interval between onset and death: 48 hours

Antecedent cause(s) — Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

331X
830

(b) Arteriosclerosis

(c) Unknown

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY: (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov 30, 1951, to Dec 2, 1951, that I last saw the deceased alive on Dec 1, 1951, and that death occurred at 10 A.M., from the causes and on the date stated above.

SIGNATURE — (Degree or title) — ADDRESS — DATE SIGNED

Sidney C. Brown, Jr. M.D. — Aquasco, Md. — Dec 2, 1951

23. BURIAL, CREMATION, REMOVAL (Specify) — DATE 12-5-51 — NAME OF CEMETERY OR CREMATORY John Wesley — LOCATION (City, town, or county) Aquasco — (State) Md

DATE REC'D BY LOCAL REG. 12-4-51 — REGISTRAR'S SIGNATURE F.H. Bellingsley — 24. FUNERAL DIRECTOR Hewitt & Tyson — ADDRESS Hadley Md

DEC 6 1951
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 2-72

1. PLACE OF DEATH: COUNTY Prince Georges — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN N. Brentwood
LENGTH OF STAY (In this place) 9 Days
HOSPITAL OR INSTITUTION OR STREET ADDRESS 3907 Wallace Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE N. Brentwood — COUNTY P. Geo.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN N. Brentwood
STREET ADDRESS (If rural, give location) 3907 Wallace Rd.

3. NAME OF DECEASED (Type or Print): (First) MACK (Middle) Kennie (Last) BROWN

4. DATE OF DEATH: (Month) 12 (Day) 22 (Year) 1951

5. SEX M — 6. COLOR OR RACE C — 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) M — 8. DATE OF BIRTH — 9. AGE Last Birthday 78 yrs. — If under 1 year: Months — Days — If under 24 hrs.: Hours — Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired — 10b. KIND OF BUSINESS OR INDUSTRY —

11. BIRTHPLACE (State or foreign country) Va — 12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME unknown — 14. MOTHER'S MAIDEN NAME unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) — (If yes, give war or dates of service) — 16. SOCIAL SECURITY NO. — 17. INFORMANT Mrs. Jeanette Brown

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Congestive Heart — 4-6 days

422.2 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Myocarditis — June 1951

93d (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. none

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June, 1951, to Dec 22, 1951, that I last saw the deceased alive on Dec. 19, 1951, and that death occurred at 6:00A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Wm. H. Spiller M.D. — ADDRESS 4306 RHAVE Brentwood, Md — DATE SIGNED 12-22-51

23. BURIAL, CREMATION, REMOVAL (Specify) — DATE THEREOF 12-26-51 — NAME OF CEMETERY OR CREMATORY Woodlawn Cemetery — LOCATION (City, town, or county) Benning Rd. N.E. — (State) D.C.

DATE REC'D BY LOCAL REG. Dec. 22-51 — REGISTRAR'S SIGNATURE Lucie J. [illegible] — 24. FUNERAL DIRECTOR Henry S. Washington — ADDRESS 462 N st. NW.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
DEC 26 1951
BUREAU OF S.

12412

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 245

1. PLACE OF DEATH:
County: Prince Georges
City or town: Hyattsville
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? –
Hospital, Institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County: Prince Georges
City or town: Hyattsville
(If outside city or town limits, write RURAL and give nearest town)
Street No.: 3907 Oglethorpe St.
(If rural, give LOCATION)
2.(a) If veteran, name war: None

3.(a) FULL NAME: Clara C. Campbell

3.(b) Social Security Number: None

4. Sex: Female
5. Color or race: White
6.(a) Single, married, widowed, or divorced: Widowed
6.(b) Name of husband or wife: William C. Campbell
6.(c) If alive, give age ..... years
7. Birth date of deceased (mo., day, yr.): May 4 1870
8. AGE: Years: 81 Months: Days: If less than one day: ..... hrs. ..... min.
9. Birthplace: Jeannoville Pa.
(Town, county, and state)
10. Usual occupation: Homemaker
11. Industry or business: Own Home
MOTHER
12. Name: Benjamin F. Evans
13. Birthplace: Wales
14. Maiden name: Mary James
FATHER
15. Birthplace: Wales
16. Informant: Robert C. Woodling
Address: 3907 Oglethorpe St.
17. Burial (Burial, cremation, or removal. Which?) Date thereof: 1 2 52 (month) (day) (year)
Cemetery or crematory: Dunmore
Location: Scranton, Penn.
18. Funeral director: The E. H. Hines Co.
Address: 2901 – 14 St. N.W. Wash, D.C.
19. 12-31 1951 (Date received by registrar) 1952 Amanda Downey Registrar
Laura Levey

MEDICAL CERTIFICATION

20. DATE OF DEATH: Dec 31 1951, at 7 o'clock P.M.
21. I CERTIFY that death occurred on the date above stated: that I attended deceased from 6-12-51 19.. to 12-31 1951
and that I last saw h.. alive on 12-31-51 1951

	DURATION
Immediate cause of death: Carcinomatosis	6 mo
Due to: Primary Carcinoma of Colon	2 yrs
Due to:	
Other conditions: 174 (Include pregnancy within 3 months of death)	

Major findings of operations: ..... Date of op ...
Autopsy results: .....
PHYSICIAN: Please underline the cause to which death should be charged statistically

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: ..... Date of ...
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?) .....
Means of injury ..... Injured at work?

23. SIGNATURE: John P. Clum M.D.
M. D. or other
Address: Hyattsville Md Date signed: 12-31-51

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. Be sure correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15 9-45-15M

1952

VOLEAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 242

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The ___t age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH
COUNTY Prince Georges MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Fairmount Heights
LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 59-62. Ave

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY Prince Georges
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Fairmount Heights
STREET ADDRESS (If rural, give location) 607-62-Ave

3. NAME OF DECEASED (Type or Print) (First) William (Middle) Hadley (Last) Cash.

4. DATE OF DEATH (Month) Dec (Day) 2 (Year) 1951

5. SEX Male

6. COLOR OR RACE Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH 12-6-1883

9. AGE last birthday 68 yrs. If under 1 year: Months / Days / If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer

10b. KIND OF BUSINESS OR INDUSTRY U.S. Govt.

11. BIRTHPLACE (State or foreign country) Stafford Co. Va

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME James - Cash.

14. MOTHER'S MAIDEN NAME Sydney Cash.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) ND (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT Mrs. Nedale C. Sykes.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Hypertensive Cardio-Vascular Disease	7
442X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 93d	(b) Cerebral Hemorrhage	6-mo
	(c) Arteriosclerosis, Nephritis	?

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 2, 1950 to Dec 2, 1951, that I last saw the deceased alive on Dec 2, 1951, and that death occurred at 6:45 A.m., from the causes and on the date stated above.

SIGNATURE H. E. Bellon (Degree or title) M.D ADDRESS 4423 Hunt Pl. N.E. Washington DC DATE SIGNED Dec 2. 51

23. BURIAL, CREMATION (If Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	12-6-1951	Lincoln Mem	Washington, D.C.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Dec. 4-1951	Carrie F. Campbell	John T. Stewart	30 H St NE.

12414

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 243

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. — MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY: Prince Georges — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Glenn Dale (Rural)
LENGTH OF STAY (in this place): 13 yrs., 7 mo's 12 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Glenn Dale Sanatorium

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: D.C. — COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Washington
STREET ADDRESS (If rural, give location): 362 - K. St., S.W. ✓

3. NAME OF DECEASED (Type or Print): (First) LOUIS (Middle) (Last) CHERRY

4. DATE OF DEATH: (Month) 12 (Day) 13 (Year) 1951

5. SEX: Male

6. COLOR OR RACE: Negro

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): single

8. DATE OF BIRTH: 3/12/91

9. AGE last birthday: 60 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Stone laborer

10b. KIND OF BUSINESS OR INDUSTRY: -

11. BIRTHPLACE (State or foreign country): North Carolina

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Green Cherry

14. MOTHER'S MAIDEN NAME: Susan Morning

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY No.: none

17. INFORMANT AND ADDRESS: Decedent

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Pulmonary Tuberculosis — Interval between onset and death: 14 years

Antecedent cause(s) Disease or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

B+ (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☑ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4/30/38, to 12/13/51, that I last saw the deceased alive on 12/12/51, and that death occurred at 2:15 a.m., from the causes and on the date stated above.

SIGNATURE: Daniel Lee Finucane (Degree or title) MD — ADDRESS: Glenn Dale Sanatorium, Glenn Dale, Md. — DATE SIGNED: 12/13/51

23. BURIAL, CREMATION, REMOVAL (Specify) — DATE THEREOF: 12/18/51 — NAME OF CEMETERY OR CREMATORY: D.C. Morgue — LOCATION (City, town, or county) (State): Washington D.C.

DATE REC'D BY LOCAL REG. 12/13/51 — REGISTRAR'S SIGNATURE: Kate Wells

24. FUNERAL DIRECTOR — ADDRESS: Daniel Lee Finucane M.D. Glenn Dale Sanatorium, Glenn Dale, Md.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

12415

CERTIFICATE OF DEATH

Reg. Dist. No. 1

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information ■refully. The correct ■ge is ■pecially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH — COUNTY: Prince Georges — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Hillcrest
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 1200 - 57th ave.

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY: Prince Georges
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Hillcrest
STREET ADDRESS (If rural, give location): 1200 - 57th ave.

3. NAME OF DECEASED (Type or Print): (First) Mary (Middle) Ellen (Last) CHRISTOPHER

4. DATE OF DEATH: (Month) 12 (Day) 23 (Year) 1951

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: Oct 28, 1874

9. AGE last birthday: 77 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Deep Valley, W. Va.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: S. M. Dook

14. MOTHER'S MAIDEN NAME: Anne Rowe

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If year, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT AND ADDRESS: Laura E. Barbour (daughter) Hillcrest, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Acute coronary thrombosis — 1 hr.

420.1 Antecedent cause(s)

94a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Coronary heart disease — 12 mo.

(c) Arteriosclerosis, generalized —

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8 Oct. 1951, to 13 Dec. 1951 that I last saw the deceased alive on 23 Dec., 1951, and that death occurred at 12:30 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title): William Bruce Jones, M.D. — ADDRESS: 2353-24TH. ST. S.E. — DATE SIGNED: 12/23/51

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE: 12-27-51 — NAME OF CEMETERY OR CREMATORY: Arlington National — LOCATION (City, town, or county) (State): Arlington Va.

DATE REC'D BY LOCAL REG.: DEC 27 1951 — REGISTRAR'S SIGNATURE: J. Wm. Lee Sons Co

24. FUNERAL DIRECTOR — ADDRESS: 300-4th St N.W. Washington D.C.

151 A15

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BUREAU U. S

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 245

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct answer is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH: COUNTY Prince Georges — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cavondale Grove — LENGTH OF STAY (In this place) 1 yr
HOSPITAL OR INSTITUTION OR STREET ADDRESS 4829 Landale Rd

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington, D.C.
STREET ADDRESS (If rural, give location) 1725 Allison St. NW

3. NAME OF DECEASED (Type or Print): (First) Fedele (Middle) (Last) Colapricco

4. DATE OF DEATH: (Month) Dec (Day) 26 (Year) 1951

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 12-27-00

9. AGE last birthday: 50 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired

10b. KIND OF BUSINESS OR INDUSTRY: Barber

11. BIRTHPLACE (State or foreign country): Italy

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Ernestine Colapricco

14. MOTHER'S MAIDEN NAME: Rosa Campanella

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT AND ADDRESS: Wife - Same address

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Strangulation

974X Antecedent cause(s) Disease or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hanging

164a (c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING CAUSE OF DEATH.

PLACE (Home, farm, factory, street, office bldg., etc.): Home

(CITY OR TOWN) Cavondale Rd. Pr. Geo. (COUNTY) (STATE) Md.

TIME OF INJURY (Month) 12 (Day) 26 (Year) 51 (Hour) 8 m.

INJURY OCCURRED While at work ☐ Not while at work ☒

HOW DID INJURY OCCUR? Hanged self with a rope -

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒ Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☒, homicide ☐, undetermined ☐.*

SIGNATURE: John D. Maloney (Degree or title) M.D. ADDRESS: Dep. Md. Exam. Cheverly - Hyattsville, Md. DATE SIGNED: 12-26-51

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 12/29/51 — NAME OF CEMETERY OR CREMATORY: Ft. Lincoln — LOCATION (City, town, or county) (State): Colmar Manor, Md.

DATE REC'D BY LOCAL REG. 12-26-51 — REGISTRAR'S SIGNATURE: Amanda Downey

12-29-51 James Berry

24. FUNERAL DIRECTOR: S. H. Hines Co. — ADDRESS: 2901-14th St NW, Washington

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 231

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Prince George — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cheverly
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince George General Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY P. G.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Mt. Rainier
STREET ADDRESS (If rural, give location) 4104 32nd St.

3. NAME OF DECEASED (Type or Print): (First) Elizabeth (Middle) (N.M.) (Last) Cooper
4. DATE OF DEATH: (Month) December (Day) 12 (Year) 1951

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: May 21, 1872
9. AGE last birthday: 79 yrs.
If under 1 year: Months / Days
If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: At Home
11. BIRTHPLACE (State or foreign country): Pennsylvania
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Unknown
14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service)
16. SOCIAL SECURITY No.: None
17. INFORMANT AND ADDRESS: Esther J. Cooper - 4104-32nd St. Mt. Rainier Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Circulatory failure + respiratory failure — 1 hr.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b) Generalized arteriosclerosis; arteriosclerotic heart dis. — ?
(c) Uremia, mod. Diabetes mellitus ? — ?

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION —
19b. MAJOR FINDINGS OF OPERATION —
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) —
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY —
(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from 12-6-, 1951, to 12-13, 1951, that I last saw the deceased alive on 12-13-, 1951, and that death occurred at 12 10 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Ronald P. Fleming M.D. 4431 Queens Chapel Rd, Hyattsville Md 12/14/51

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF: Dec. 17/1951
NAME OF CEMETERY OR CREMATORY: Fort Lincoln Cem
LOCATION (City, town, or county) (State): Colmar Manor Md.

DATE REC'D BY LOCAL REG. 12/15/51
REGISTRAR'S SIGNATURE: Amanda Downey
24. FUNERAL DIRECTOR: W. W. Chambers Co. — ADDRESS: Riverdale, Md.

RECEIVED

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

12418

CERTIFICATE OF DEATH

Reg. Dist. No. 245

1. PLACE OF DEATH: COUNTY Prince George. STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN 4710 Bannes St Hyattsville
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Prince George COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hyattsville
STREET ADDRESS (If rural, give location) 4710 Bannes St.

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month) (Day) (Year)
CHARLES	FRANCIS	CUMMINS	12 - 17 - 1951

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Male	White	Married	Aug 3 1868	83 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Retired Clergyman	Methodist	Washington D.C.	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Charles Francis Cummins	Josephine Dyer.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
No	none	Wallace D Cummins

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cardio - vascular renal disease — Interval between onset and death: 15 yrs

Antecedent cause(s) Disease or conditions, if any, giving rise to the above cause stating the underlying cause last
(b)
(c)

442X
131a

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
none		Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from Nov 15, 1951, to Dec 19, 1951, that I last saw the deceased alive on 12/18, 1951, and that death occurred at 5:00 P.M., from the causes and on the date stated above.

SIGNATURE: O. H. Duffey M.D. (Degree or title) ADDRESS DATE SIGNED 12/19/51

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	12-21-51	Chestnut Grove	Herndon Va.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Dec 19 1951	James Lacey	J.E. Reid	Herndon Va

007-896

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
21 1951

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 231

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct answer is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY: Prince Georges — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Cheverly — LENGTH OF STAY (In this place): Dog
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Prince Georges Gen. Hosp

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Maryland — COUNTY: P. Geo
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Hyattsville
STREET ADDRESS (If rural, give location): 4302 - Varnum St.

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month) (Day) (Year)
Fred	Eli	Davis	Dec 1 1951

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs: Hours	Min.
Male	White	Married	3-19-1885	66 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Retired govt emp.	U.S. Govt	New York	U.S.

13. FATHER'S NAME: Harry E. Davis
14. MOTHER'S MAIDEN NAME: Virginia Pyman

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
	267-28-6242	Wife - Same

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Cerebral compression

331X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Intracranial hemorrhage

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☒ No ☐

21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING CAUSE OF DEATH.	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?
m.		

22. *I certify that I took charge of the remains described above, held an Autopsy X, Inspection Y, Inquiry Z thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes Y, accident _, suicide _, homicide _, undetermined _.*

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
John J. Maloney	M.D. Dep. Med. Exam.	Cheverly Md.	Dec. 3 1951

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	12/5/51	Ft Lincoln	Colmar Manor	Md

DATE RECD BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
12/4/51	Amanda Downey	E. Rauch Sons	Hyattsville Md

VS-A15A

RECEIVED
DEC 6
U.S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 242

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH: COUNTY Prince Georges — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hillcrest Heights
LENGTH OF STAY (In this place) 3 mo
HOSPITAL OR INSTITUTION OR STREET ADDRESS 7201 - Alpine Street

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY P. G.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hillcrest Heights
STREET ADDRESS (If rural, give location) 7201 - Alpine Street

3. NAME OF DECEASED (Type or Print)	(First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
	Ernest	Huckett	Hay	Dec	28	1951

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
male	white	M	Aug 13, 1883	68 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY
Farmer	Farm	Forestville Md	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
George W. Hay	Lee Anna Moore

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
No		Arthur T. Hay, 5810 Ritchie Rd

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Acute congestive heart failure

4424 **Antecedent cause(s)** Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

1312 (b) Cardiovascular renal disease

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING CAUSE OF DEATH.	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?
m.		

22. *I certify that I took charge of the remains described above, held an Autopsy ___, Inspection ✓ Inquiry ✓ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ✓, accident ___, suicide ___, homicide ___, undetermined ___.*

SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
James D. Boyd M.D.	Forestville Md	12/28/51

23. BURIAL, CREMATION OR REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	12-31-51	Washington Nat'l	Prince Georges Co. Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
Dec. 28-1951	Edna F. Solmis	W. W. Chambers Co.	Washington D.C.

RECEIVED
JAN 3. 1952
U. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 231

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY Prince Georges — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cheverly
LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince Geo. Gen Hosp

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland — COUNTY Prince Georges
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cheverly
STREET ADDRESS (If rural, give location) 2615 Crest Ave

3. NAME OF DECEASED (Type or Print): (First) Alexander (Middle) (Last) Deneall

4. DATE OF DEATH: (Month) Dec (Day) 31 (Year) 1951

5. SEX: mde

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed

8. DATE OF BIRTH: 4 Aug 1869

9. AGE last birthday: 82 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired - C & P Tele. Co. - Lineman

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Mack Deneall

14. MOTHER'S MAIDEN NAME: Annie

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY No.

17. INFORMANT AND ADDRESS: Carl Deneall - Son

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Aortic Stenosis with Cardis megla

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Mitral Insufficiency with Gen Arterio Sclerosis

(c) Multiple Ulcers of Pylorus with melena

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11/26 , 1951 , to 12/31 , 1951 , that I last saw the deceased alive on 12/29 , 1951 , and that death occurred at 6 39/A m., from the causes and on the date stated above.

SIGNATURE Chris J Murphy (Degree or title) ADDRESS 1300 E Capitol St DATE SIGNED 12/31/51

23. BURIAL, CREMATION, REMOVAL (Specify) — DATE THEREOF Jan 3 1951 — NAME OF CEMETERY OR CREMATORY Aldersin Chapel — LOCATION (City, town, or county) (State) Seat Pleasant Md

DATE REC'D BY LOCAL REG. 12-31-51 — REGISTRAR'S SIGNATURE Amanda Downey

24. FUNERAL DIRECTOR J. Wm Leary Son Co. — ADDRESS 308 - 12th St S.E. Wash, D.C.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

12423

CERTIFICATE OF DEATH

Reg. Dist. No. 245

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH — COUNTY: PRINCE George's — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: 2 miles East Lodge — LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 1995 Road RFD #1 Hyattsville, Md.

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: MINN — COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Minneapolis
STREET ADDRESS (If rural, give location): BELLMONT HOTEL

3. NAME OF DECEASED (Type or Print): (First) LYDIA (Middle) MAY (Last) DENSMORE
4. DATE OF DEATH: (Month) DEC (Day) 26 (Year) 1951

5. SEX: FEMALE
6. COLOR OR RACE: WHITE
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Single
8. DATE OF BIRTH: Oct 14, 1868
9. AGE — Last birthday: 83 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):
10b. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (State or foreign country): WISCONSIN
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: E.H.G. DENSMORE
14. MOTHER'S MAIDEN NAME: Catherine Copley

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): NO
16. SOCIAL SECURITY NO.: —
17. INFORMANT AND ADDRESS: MRS RUTH McNALL SAME AS #1 ABOVE

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) CORONARY THROMBOSIS — 5 MIN

420 / 240 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hypertensive Cardio-Vascular Dis —

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death: GENERALIZED Arterio-Sclerosis

19a. DATE OF OPERATION: —
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): None
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: —
(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov 1951 to Dec 1951, that I last saw the deceased alive on 11/23 1951, and that death occurred at 8 P m., from the causes and on the date stated above.

SIGNATURE: H. Steiner M.D. (Degree or title) ADDRESS: College Park, Md DATE SIGNED: 12/26/51

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF: Dec. 29. 1951
NAME OF CEMETERY OR CREMATORY: Lakewood Cemetery
LOCATION (City, town, or county) (State): Minneapolis Minnesota

DATE REC'D BY LOCAL REG.: 12-29-51
REGISTRAR'S SIGNATURE: James Seery
24. FUNERAL DIRECTOR: J. Archer Slatter, 204 Taylor St. NW ADDRESS: Ink Park Md

VS. A15

REC'D
JAN 2 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

12423

Reg. Dist. No. 142

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS-A15

1. PLACE OF DEATH: COUNTY Prince Georges — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Lanham — LENGTH OF STAY (in this place) 9 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS 126 Washington Ave

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Pr. Geo
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Lanham
STREET ADDRESS (If rural, give location) 126 Washington Ave

3. NAME OF DECEASED (Type or Print): (First) Hattie (Middle) Mae (Last) Riffle

4. DATE OF DEATH: (Month) Dec (Day) 21 (Year) 1951

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: 3/23/1884

9. AGE last birthday: 67 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Own home

11. BIRTHPLACE (State or foreign country): Hot Springs Arkansas

12. CITIZEN OF WHAT COUNTRY? U S A

13. FATHER'S NAME: Samuel Washington Riffle

14. MOTHER'S MAIDEN NAME: Hattie Mae Riffle FAULKNER

15. WAS DEPRIVED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)

16. SOCIAL SECURITY No.: none

17. INFORMANT AND ADDRESS: Mrs Wilma Brozen Lanham Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Chronic myocarditis	5 yr.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Marked arteriosclerosis	10 yr
	(c)	

422.1
934

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION: —

19b. MAJOR FINDINGS OF OPERATION: —

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): —

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June, 1948, to Dec 21, 1951, that I last saw the deceased alive on Dec 21, 1951, and that death occurred at 8:15 P. m., from the causes and on the date stated above.

SIGNATURE: Robert S McCarney MD (Degree or title) — ADDRESS: 402 Main St Laurel Md — DATE SIGNED: 12/24/51

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: Dec. 24/1951 — NAME OF CEMETERY OR CREMATORY: Jones Valley Cem — LOCATION (City, town, or county) (State): Glenwood, Pike County, Ark.

DATE REC'D BY LOCAL REG.: Dec 26 1951 — REGISTRAR'S SIGNATURE: Viola F. [illegible] — 24. FUNERAL DIRECTOR / ADDRESS: W. W. Chambers Co — Roanoke Md.

RECEIVED
JAN 2 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 239

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Prince George's — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Laurel — LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 335 Prince George St

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Pr. Geo's
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Laurel
STREET ADDRESS (If rural, give location) 335 Prince George St.

3. NAME OF DECEASED (Type or Print): (First) JAMES (Middle) W. (Last) DISNEY
4. DATE OF DEATH: (Month) Dec. (Day) 27 (Year) 1951

5. SEX: M
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): married
8. DATE OF BIRTH: March 27 1870
9. AGE last birthday: 81 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Machinist
10b. KIND OF BUSINESS OR INDUSTRY: Private shop
11. BIRTHPLACE (State or foreign country): Baltimore, Md.
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Josias R. Disney
14. MOTHER'S MAIDEN NAME: Elizabeth J. Owings

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT AND ADDRESS: Miss Bertha Disney, Laurel, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Coronary thrombosis	10 m.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Generalized arteriosclerosis	10 y.
	(c)	

I.A.D. 1
940

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY
(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12-23-51, to 12-27-51, that I last saw the deceased alive on 12-27-51, and that death occurred at 4 P. m., from the causes and on the date stated above.

SIGNATURE: Wm. R. Bruce (Degree or title) M.D. ADDRESS 305 P. George, Laurel DATE SIGNED 12-27-51

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF 12/30/51 — NAME OF CEMETERY OR CREMATORY: Natl. Capital Mem. Park — LOCATION (City, town, or county) (State): Thurmont, Maryland

DATE REC'D BY LOCAL REG. 12-30-1951 — REGISTRAR'S SIGNATURE: M. Brashears

24. FUNERAL DIRECTOR: De Wilt Donaldson — ADDRESS: Laurel Md

VS-A16

RECEIVED
JAN 2 1952
BUREAU

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 7-15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY Prince George — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hyattsville
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 3408 Pennsylvania St.

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Ohio — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Akron
STREET ADDRESS (If rural, give location) 266½ Miles Ave.

3. NAME OF DECEASED (Type or Print): (First) Dessie (Middle) Pearl (Last) Dodson

4. DATE OF DEATH: (Month) Dec. (Day) 19 (Year) 1951

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Aug. 17, 1889

9. AGE last birthday: 62 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Own home

11. BIRTHPLACE (State or foreign country): Kentucky

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: William Payne

14. MOTHER'S MAIDEN NAME: Elizabeth Thompson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: yes

17. INFORMANT AND ADDRESS: 3408 Pennsylvania St. Mr. Robert H. Brooks, University Hills Hyattsville, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Acute cardiac dilatation with pulmonary edema — Interval Between Onset and Death: 5 hrs.

Antecedent cause(s) Disease or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hypertension (chronic)

4-52 61

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Diabetes Mellitus

19a. DATE OF OPERATION: —

19b. MAJOR FINDINGS OF OPERATION: —

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): —

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour): — m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from Dec 1, 1951, to Dec 19, 1951, that I last saw the deceased alive on Dec 19, 1951, and that death occurred at 1:45 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

William A. Ryon MD 401 W. K St. Washington D.C. 12/19/51

23. BURIAL, CREMATION REMOVAL (Specify): Burial & Trans. — DATE THEREOF: 12/19/51 — NAME OF CEMETERY OR CREMATORY: Crown Hill Cemetery — LOCATION (City, town, or county): Portage County — (State): Ohio

DATE REC'D BY LOCAL REG. Dec 22 1951 — REGISTRAR'S SIGNATURE: James Seery

24. FUNERAL DIRECTOR — ADDRESS: Warren L. Pumphrey 8434 Ga. Ave. Silver Spring, Maryland

DEC
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

12426

Reg. Dist. No. 231

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Prince George — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Landy Md. — LENGTH OF STAY (In this place) 7 Days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince George Gen. Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Pr. George
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Landover, Maryland
STREET ADDRESS (If rural, give location) E. Columbia Park -

3. NAME OF DECEASED (Type or Print): (First) Lucy (Middle) (Last) Dow

4. DATE OF DEATH: (Month) Dec, (Day) 7, (Year) 19 51

5. SEX F — 6. COLOR OR RACE W — 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed — 8. DATE OF BIRTH Feb 14, 1905 — 9. AGE Last birthday 46 yrs. — If under 1 year: Months, Days — If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife — 10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Washington D.C. — 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Unknown — 14. MOTHER'S MAIDEN NAME Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No — 16. SOCIAL SECURITY NO. — 17. INFORMANT AND ADDRESS Betty Dow E. Columbia Pk. Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Congestive Heart Failure & Bilateral Hydrothorax & Ascites

Antecedent cause(s) Disease or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Pancarditis & Severe mitral stenosis & cardiomegaly

(c) Chronic Rheumatic Heart Disease

410X
92 V

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ....., 19..., to ....., 19....., that I last saw the deceased alive on ....., 19....., and that death occurred at 5:25 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) — ADDRESS — DATE SIGNED

Albert Roth M.D. Riverdale, Md 12-7-51.

23. BURIAL, CREMATION, REMOVAL (Specify) — DATE THEREOF 12-11-51 — NAME OF CEMETERY OR CREMATORY Ft. Lincoln — LOCATION (City, town, or county) (State) Colmar Manor Md.

DATE REC'D BY LOCAL REG. 12/8/51 — REGISTRAR'S SIGNATURE Amanda Downey — 24. FUNERAL DIRECTOR Timothy Hanlon — ADDRESS 3821 - Ga Ave N.W.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.....

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY Prince George MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Upper Marlboro (Rural) | LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Pr Geo
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Accokeek Md
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Lavinia (Middle) L (Last) Dyer

4. DATE OF DEATH: (Month) 12 (Day) 29 (Year) 1951

5. SEX: F | 6. COLOR OR RACE: W | 7. ~~SINGLE~~, ~~MARRIED~~, WIDOWED, ~~DIVORCED~~, (Specify) | 8. DATE OF BIRTH: Oct 28-1875 | 9. AGE last birthday: 76 yrs. | If under 1 year: Months / Days | If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Postmaster | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country): Prince George Co | 12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Benton Lederer | 14. MOTHER'S MAIDEN NAME: Anna Jones

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of) | 16. SOCIAL SECURITY NO. | 17. INFORMANT: Leonard Dyer (Son)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Cerebral Vascular Accident	1 hr
443X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 93d	(b) Hypertensive C/V Disease	½ yr
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 29 Dec, 19 51, to 29 Dec, 19 51, that I last saw the deceased alive on 29 Dec, 19 51, and that death occurred at 4-29 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) | ADDRESS | DATE SIGNED

R B Casscer MD Upper Marlboro Md 29 Dec 51

23. BURIAL, CREMATION / REMOVAL (Specify) | DATE THEREOF | NAME OF CEMETERY OR CREMATORY | LOCATION (City, town, or county) (State)

12-31-51 St Paul Accokeek Md

DATE REC'D BY LOCAL REG. | REGISTRAR'S SIGNATURE | 24. FUNERAL DIRECTOR | ADDRESS

12-31-51 Mrs Betty M. Dyer Hunter & Ryon Waldorf Md

VS-A15

LOCAL RE... DATE

RECEIVED
JAN 2 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 745

1. PLACE OF DEATH: COUNTY Prince George — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN College Park | LENGTH OF STAY (In this place) 1 year
HOSPITAL OR INSTITUTION OR STREET ADDRESS 9029 - 49 Place

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Prince George
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN College Park
STREET ADDRESS (If rural, give location) 9029 - 49 place

3. NAME OF DECEASED (Type or Print): (First) FRANK (Middle) LAWSON (Last) EICHORN

4. DATE OF DEATH: (Month) Dec (Day) 1. (Year) 1951

5. SEX male | 6. COLOR OR RACE white | 7. SINGLE, MARRIED, ~~WIDOWED, DIVORCED~~ (Specify) married | 8. DATE OF BIRTH 8/21/1902 | 9. AGE last birthday 49 yrs. | If under 1 year: Months. Days | If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Printer | 10b. KIND OF BUSINESS OR INDUSTRY Govt Printing Office | 11. BIRTHPLACE (State or foreign country) Jersey City N.J | 12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Harry Eichorn | 14. MOTHER'S MAIDEN NAME Jessie Glean

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) | (If year, give war or dates of service) No | 16. SOCIAL SECURITY NO. 578-09-9643 | 17. INFORMANT Anna C Eichorn College Park Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) ACUTE CORONARY OCCLUSION — 35 min.

420.1 Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 74a (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4/6, 1951, to 12/1, 1951, that I last saw the deceased alive on 12/1, 1951, and that death occurred at 8:30 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Louis Mendel M.D. | ADDRESS College Park Md | DATE SIGNED 12/3/51

23. BURIAL, CREMATION REMOVAL (Specify) Burial | DATE 12/4/51 | NAME OF CEMETERY OR CREMATORY Ft Lincoln | LOCATION (City, town, or county) Colmar Manor (State) Md

DATE REC'D BY LOCAL REG. Dec 4 1951 | REGISTRAR'S SIGNATURE James Leary | 24. FUNERAL DIRECTOR F. Lacheisma | ADDRESS Hyattsville Md

5122-9

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is specially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No.....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Prince Georges — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN College Park
LENGTH OF STAY (in this place) 3 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS 8709 - 48 Place

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY Prince Georges
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN College Park
STREET ADDRESS (If rural, give location) 8709 - 48th Place

3. NAME OF DECEASED: (Type or Print) (First) LETITIA (Middle) AMELIA (Last) ENRIGHT

4. DATE OF DEATH: (Month) Dec (Day) 7, (Year) 19 51

5. SEX: Female

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) widowed

8. DATE OF BIRTH: 4/8/1870

9. AGE last birthday: 81 yrs.

IF UNDER 1 YEAR: Months | Days | IF UNDER 24 HRS.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife

10b. KIND OF BUSINESS OR INDUSTRY: own home

11. BIRTHPLACE (State or foreign country): Canada

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Joseph wright

14. MOTHER'S MAIDEN NAME: unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) no

16. SOCIAL SECURITY NO.: none

17. INFORMANT & ADDRESS: Herbert white College Park Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

INTERVAL BETWEEN ONSET AND DEATH: 3 days

Immediate cause (a) Cerebral Thrombosis — 332X

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last — 834

DUE TO (b) Generalized Arteriosclerosis

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. --

19a. DATE OF OPERATION: -

19b. MAJOR FINDINGS OF OPERATION: -

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) -

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY -

(CITY OR TOWN) - (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M. -

INJURY OCCURRED While at work ☐ Not while at work ☐ -

HOW DID INJURY OCCUR? -

22. I hereby certify that I attended the deceased from March ....., 19 49 ....., to Dec. 7, ..., 19 51 ....., that I last saw the deceased alive on Dec. 6 ....., 19 51 ....., and that death occurred at 7:30 A. m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) A. H. Etienne ADDRESS 4713 Berwyn Rd., College Park, Md. DATE SIGNED 12/8/51

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE THEREOF 12/10/51

NAME OF CEMETERY OR CREMATORY Ft Lincoln

LOCATION (City, town, or county) (State) Colmar Manor Md

DATE REC'D BY LOCAL REG. Dec. 9 1951

REGISTRAR'S SIGNATURE Mrs. Jas. Devereux Deputy Local

24. FUNERAL DIRECTOR F. Gasch & Sons ADDRESS Hyattsville Md

VS. A15 8-51

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

19430

Reg. Dist. No. 239

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly

1. PLACE OF DEATH: COUNTY Prince Georges — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Laurel — LENGTH OF STAY in this place Transit
HOSPITAL OR INSTITUTION OR STREET ADDRESS Warren's Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE New York — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Roslyn
STREET ADDRESS (If rural, give location) 39 - The Birches

3. NAME OF DECEASED (Type or Print): (First) Ralph (Middle) P. (Last) Fairchild

4. DATE OF DEATH: (Month) Dec (Day) 2 (Year) 1951

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: 1-30-1881

9. AGE last birthday: 70 yrs. — If under 1 year: Months / Days — If under 24 hrs: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired

10b. KIND OF BUSINESS OR INDUSTRY: School Teacher

11. BIRTHPLACE (State or foreign country): Kentucky

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Charles G. Fairchild

14. MOTHER'S MAIDEN NAME: Adelaide Deane

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)

If yes, give war or dates of service

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS: Wife - Same address

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Acute congestive heart failure

153 X Antecedent cause(s) Disease or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Cardiovascular disease

46 2 (c) Metastatic carcinoma of intestines

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME (Month) (Day) (Year) (Hour) OF INJURY m.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒ Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒ accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

John D. Maloney M.D. Dep. Med. Exam. Chevy Chase Maryland 12-2-51

23. BURIAL, CREMATION, REMOVAL (Specify) Interment | DATE THEREOF 12/3/51 | NAME OF CEMETERY OR CREMATORY Roslyn L I N Y | LOCATION (City, town, or county) Long Island (State) N.Y.

DATE REC'D BY LOCAL REG. 12/3/51 | REGISTRAR'S SIGNATURE Amanda Downey

24. FUNERAL DIRECTOR F. Rascha sons ADDRESS Hyattsville Md

12-5-51 M. Brashears

VS. A15A

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

12431

Reg. Dist. No. 231

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:

County: Prince Georges

City or town: Landover Hills (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 1 month

Hospital, Institution, or street address where death occurred: 4109 Fairfax Street, Landover Hills, Md.

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)

State: County:

City or town: Washington, D. C. (If outside city or town limits, write RURAL and give nearest town)

Street No. 3032 Thayer Street, N. E. (If rural, give LOCATION)

2.(a) If veteran, name war: Spanish-American ✓

3. (a) FULL NAME: Milton S. Fall

3. (b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Married

6.(b) Name of husband or wife: Kate O. Fall

6.(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years	Months	Days	If less than one day
77			hrs. min.

9. Birthplace: Pine Bluff, Arkansas (Town, county, and state)

10. Usual occupation: Retired

11. Industry or business

FATHER 12. Name: Benjamin F. Fall

13. Birthplace

MOTHER 14. Maiden name: Martha Elizabeth Thomas

15. Birthplace

16. Informant: Elizabeth Vincent

Address: 3032 Thayer St., N. E., Wash., D. C.

17. Removal (Burial, cremation, or removal. Which?) Date thereof 12 18 51 (month) (day) (year)

Cemetery or crematory: Vincent Fun. Home

Location: 2525 Blad. Rd.

18. Funeral director: Gilbert L. Vincent

Address: 2525 Bladensburg Road, N. E., Washington 18, D. C.

19. 12-18 19 51 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: December 18 19 51 at 10:05 M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 12 19 51 to Decem 18 19 51

and that I last saw him alive on 12/17/51 19

Immediate cause of death	DURATION
Coronary occlusion	1 hour
Due to	
Due to 420.1	
Other conditions Carcinoma of Prostate	3 years

510 (Include pregnancy within 3 months of death)

Major findings of operations: Date of op.

Autopsy results:

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury: Injured at work?

23. SIGNATURE: Frederick E. Brune M.D. M. D. or other

Address: 7409 Varnum St. Date signed 12/18/51

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. ... .

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct answer is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS-A15A

1. PLACE OF DEATH: COUNTY: Prince Georges — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Laurel — LENGTH OF STAY (In this place): 2 hrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Box 58

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Maryland — COUNTY: Anne Arundel
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Brooklyn
STREET ADDRESS (If rural, give location): 221 - Southerly Road ✓

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
William	Alvin	Ferguson	Dec	23	1951

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday yrs.	If under 1 year Months	Days	If under 24 hrs Hours	Min.
Male	White	Wid.	July 12 1876	75				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Retired	Business Man	Maryland	U.S.A.

13. FATHER'S NAME: Elisha B. Ferguson
14. MOTHER'S MAIDEN NAME: Cordelia Hayes

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
No		Jennie Whitehead, Laurel, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Acute congestive heart failure

142 **Antecedent cause(s)** Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

1310 (b) Cardiovascular renal disease

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?		

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
John J. Mahony M.D.	Dep. Med. Examiner	Cheverly Md	12-23-51

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
B	12-26-51	Glen Haven	Baltimore

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
12-26-51		James L. Deem	130 E. Fort Ave.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 745

1. PLACE OF DEATH: COUNTY Prince George MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Mt. Rainier.; LENGTH OF STAY (in this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS 3607 Perry St.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Pr. George.; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Mt. Rainier; STREET ADDRESS (If rural, give location) 3607 Perry St.

3. NAME OF DECEASED (Type or Print): (First) Thomas (Middle) CHESTERFIELD (Last) Fox

4. DATE OF DEATH: (Month) Dec. (Day) 9 (Year) 1951

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): MARRIED

8. DATE OF BIRTH: April 14/1869

9. AGE last birthday: 82 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): DRIVER SALESMAN

10b. KIND OF BUSINESS OR INDUSTRY: BAKERY

11. BIRTHPLACE (State or foreign country): ENGLAND

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: WILLIAM FOX

14. MOTHER'S MAIDEN NAME: HENRIETTA GARBIN

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If year, give war or dates of service): NONE

16. SOCIAL SECURITY NO.: 579-10-5599

17. INFORMANT AND ADDRESS: CATHERINE I. FOX - 3607 PERRY ST, MT. RAINIER, MD

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Pulmonary Infarct — INTERVAL BETWEEN ONSET AND DEATH: 24 hr.

Antecedent cause(s) — Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

4143X

(b)

(c) Hypertensive Heart Disease.

II. OTHER SIGNIFICANT CONDITIONS — Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug., 1951, to 12/9, 1951, that I last saw the deceased alive on 12/9, 1951, and that death occurred at 8:45 P m., from the causes and on the date stated above.

SIGNATURE: C. Pate (Degree or title) M.D. ADDRESS 2335 TENNYSON, N.W WASH D.C. DATE SIGNED 12/9/51

23. BURIAL, CREMATION REMOVAL (Specify): BURIAL | DATE: Dec. 12/1951 | NAME OF CEMETERY OR CREMATORY: GLENWOOD CEMETERY | LOCATION (City, town, or county) (State): WASHINGTON, D.C.

DATE REC'D BY LOCAL REG.: DEC 10, 1951 | REGISTRAR'S SIGNATURE: James Levey | 24. FUNERAL DIRECTOR: W.W. Chambers Co. | ADDRESS: Riverdale, Md.

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

Items 12,14 Film G137 1/2/52 whw

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 231

1. PLACE OF DEATH: COUNTY Prince Georges — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cheverly
LENGTH OF STAY (in this place) 3 days.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince Georges Gen. Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Prince Georges
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Glen Arden
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Josephine (Middle) Galloway (Last)

4. DATE OF DEATH: (Month) Dec (Day) 24, (Year) 1951

5. SEX: Female

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: June 25, 1911

9. AGE last birthday: 40 yrs. If under 1 year: Months / Days. If under 24 hrs: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House-wife

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Tennessee

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Hugh B Porter, Sr.

14. MOTHER'S MAIDEN NAME: Bettie Hefley

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS: Hospital Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Acute congestive heart failure

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Surgical shock

123 (c) Operation for resection of terminal ileum portion of cecum.

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at work ☐ Not while at work ☐ | HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

John D. Maloney, M.D. Dep. Med. Exam. Cheverly-Hyattsville md 12-24-51

23. BURIAL, CREMATION OR REMOVAL (Specify) Removal | DATE THEREOF 12-25-51 | NAME OF CEMETERY OR CREMATORY Carver Mem. Fun. Serv. | LOCATION (City, town, or county) 129 D St. N.W. D.C. (State)

DATE REC'D BY LOCAL REG. 12-25-51 | REGISTRAR'S SIGNATURE Amanda Downey | 24. FUNERAL DIRECTOR Carver Memorial Funeral Service ADDRESS 14 H St. N.W. D.C.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS: A15A

RETURN

Item 9 Film C139 2/15/52 wbw

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

3274

Reg. Dist. No. 231

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

1. PLACE OF DEATH:
COUNTY Prince Georges — MARYLAND
CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN Bladensburg
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 4306-51 st

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY Prince Georges
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bladensburg
STREET ADDRESS (If rural, give location) 4306 - 51 st

3. NAME OF DECEASED: (Type or Print) (First) CLARA (Middle) FRANCESCA (Last) GASTON

4. DATE OF DEATH: (Month) Dec (Day) 30, (Year) 19 51

5. SEX: female

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) widowed

8. DATE OF BIRTH: Sept 18, 1854

9. AGE last birthday: 98 97 yrs. — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife

10b. KIND OF BUSINESS OR INDUSTRY: own home

11. BIRTHPLACE (State or foreign country): Germany

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: unknown

14. MOTHER'S MAIDEN NAME: unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) no

16. SOCIAL SECURITY NO.: none

17. INFORMANT & ADDRESS: Mrs Margaret Laurie W Chester Pa

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
Immediate cause	(a) Gangrene of left leg	1 week
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	DUE TO (b) General arteriosclerosis	indeterminate
	DUE TO (c)	

450.1
97

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: **19b. MAJOR FINDINGS OF OPERATION:** **20. AUTOPSY?** Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M. — INJURY OCCURRED While at work ☐ Not while at work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec 29, 1951 to Dec 30, 1951, that I last saw the deceased alive on Dec 29, 1951, and that death occurred at 5 P.M. m., from the causes and on the date stated above.

SIGNATURE AND DEGREE OR TITLE: L O Malmud — ADDRESS: Riverdale Md — DATE SIGNED: 12-30-51

23. BURIAL, CREMATION REMOVAL (Specify): Cremation — DATE THEREOF: 1/3/52 — NAME OF CEMETERY OR CREMATORY: Cedar Hill Crematory — LOCATION (City, town, or county) (State): Suitland Md

DATE REC'D BY LOCAL REG.: 1/3/52 — REGISTRAR'S SIGNATURE: Amanda Downey — **24. FUNERAL DIRECTOR** — ADDRESS: F Geeche & Son Hyattsville Md

MARYLAND STATE DEPARTMENT OF HEALTH 12436

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 236

1. PLACE OF DEATH: COUNTY Prince Georges | CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Beverly | MARYLAND LENGTH OF STAY (In this place) 2 weeks | HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince Georges Gen. Hosp

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland | COUNTY Pr. Geo | CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington, D C 20 | STREET ADDRESS (If rural, give location) 205 - Swann Road.

3. NAME OF DECEASED (Type or Print): (First) Dora (Middle) D. (Last) Goronstein

4. DATE OF DEATH: (Month) Dec - (Day) 1 (Year) 1951

5. SEX: Female | 6. COLOR OR RACE: White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed | 8. DATE OF BIRTH: 10-15-1871 | 9. AGE last birthday: 80 yrs. | If under 1 year: Months | Days | If under 24 hrs: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country): Poland. | 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Joseph Schochet | 14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of) | 16. SOCIAL SECURITY NO. | 17. INFORMANT AND ADDRESS: Shirley Jordan - daughter - same.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Acute congestive heart failure - Bilat. hydrothorax

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Hypertensive arteriosclerotic heart disease

(c) Generalized arteriosclerosis

II. OTHER SIGNIFICANT CONDITIONS. Conditions contributing to the death but not related to the disease or condition causing death: Anesthesia - administration for reduction fract. R. femur.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes X No ☐

21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING CAUSE OF DEATH. X | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY Home | (CITY OR TOWN) Washington D.C. | (COUNTY) | (STATE) D.C.

TIME OF INJURY (Month) (Day) (Year) (Hour) 11 - 10 - 51 - 2.00 P.m. | INJURY OCCURRED While at work ☐ Not while at work X | HOW DID INJURY OCCUR? Fell out of bed.

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection X, Inquiry X thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes , accident X, suicide , homicide , undetermined .*

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

John D. Maloney, M.D. Dep. md. Exam. Beverly Hyattsville, Md 12-1-51

23. BURIAL, CREMATION REMOVAL (Specify) Burial | DATE THEREOF 12/2/51 | NAME OF CEMETERY OR CREMATORY Des. Washington Mem. | LOCATION (City, town, or county) (State) Hyattsville, Md.

DATE RECD BY LOCAL REG. Dec 21 19 51 | REGISTRAR'S SIGNATURE Amanda Downey | 24. FUNERAL DIRECTOR Goldberg Funeral Home | ADDRESS 427 - 4th St. N.W. Wash. D.C.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 243

1. PLACE OF DEATH: COUNTY Prince Georges; MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Glenn Dale (Rural)
LENGTH OF STAY (In this place) 2 yrs., 6 mo.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Glenn Dale Sanatorium

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE D.C. COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington
STREET ADDRESS (If rural, give location) 11- K. St., N.E.

3. NAME OF DECEASED (Type or Print): (First) DAVID (Middle) LEE (Last) GREEN
4. DATE OF DEATH: (Month) 12 (Day) 30 (Year) 1951
5. SEX: Male
6. COLOR OR RACE: Negro
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): married
8. DATE OF BIRTH: 12/6/01
9. AGE last birthday: 50 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Plasterer
10b. KIND OF BUSINESS OR INDUSTRY: -
11. BIRTHPLACE (State or foreign country): Florence, S. Carolina
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Marion Green
14. MOTHER'S MAIDEN NAME: Lula Gee
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 579-09-2860
17. INFORMANT AND ADDRESS: Decedent

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Pulmonary Tuberculosis — Interval Between Onset and Death: 2yrs. 8 mos.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b)
(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☑ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6/8/49, to 12/30/51, that I last saw the deceased alive on 12/30/51, and that death occurred at 10:45P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Daniel Lee Finucane MD Glenn Dale Sanatorium, Glenn Dale, Maryland 12/30/51

23. BURIAL, CREMATION, REMOVAL (Specify) | DATE THEREOF 1/1/52 | NAME OF CEMETERY OR CREMATORY | LOCATION (City, town, or county) Washington (State) D.C.

DATE REC'D BY LOCAL REG. 1-3-52 | REGISTRAR'S SIGNATURE Mol Weiss | 24. FUNERAL DIRECTOR ADDRESS Wm T Tolbert 1908- 6th NW

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A

RECEIVED
JAN 22 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

12438

Reg. Dist. No. 245

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly

1. PLACE OF DEATH: COUNTY Prince Georges; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hyattsville; MARYLAND; LENGTH OF STAY in this place 20 yrs; HOSPITAL OR INSTITUTION OR STREET ADDRESS 4218 Jefferson

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Pr. Georges; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hyattsville; STREET ADDRESS (If rural, give location) 4218 Jefferson

3. NAME OF DECEASED (Type or Print): (First) Charles (Middle) Joseph (Last) Hall

4. DATE OF DEATH: (Month) Dec (Day) 8 - (Year) 1951

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Single

8. DATE OF BIRTH: Nov 22 1892

9. AGE Last Birthday: 59 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Clerk

10b. KIND OF BUSINESS OR INDUSTRY: Army Finance

11. BIRTHPLACE (State or foreign country): Washington D.C.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Wm. Moore Hall

14. MOTHER'S MAIDEN NAME: Frances Coleglazier

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) World War I

16. SOCIAL SECURITY NO.: ?

17. INFORMANT AND ADDRESS: Geo. Buscot - Same address

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Ac. congestive heart failure

Antecedent cause(s) Disease or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Cerebral edema

(c) Toxemia (alcoholic)

8-10.0

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING CAUSE OF DEATH.

PLACE (Home, farm factory, street, OF office bldg., etc.) INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22 *I certify that I took charge of the remains described above, held an Autopsy ☐ Inspection ☒ Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒ accident ☐, suicide ☐, homicide ☐.*

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

John J. Maloney M.D. Dep Med Exam. Cheverly-Hyattsville Md 12-8-51

23. BURIAL CREMATION REMOVAL (Specify) Burial

DATE FILED 12/12/51

NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county) (State) Arlington Cemetery | Arlington Virginia

DATE REC'D BY LOCAL REG Dec 12 '51

REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR F. Gasch's Sons

ADDRESS Hyattsville Maryland.

VS. A1A

1916

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 231

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Prince George's MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cheverly
LENGTH OF STAY (in this place) 4 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince George's Gen. Hosp

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Prince Geo.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hyattsville
STREET ADDRESS (If rural, give location) 5401-37th Ave

3. NAME OF DECEASED (Type or Print): (First) Ruby (Middle) (Last) Hall

4. DATE OF DEATH: (Month) Dec. (Day) 23 (Year) 1951

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): M

8. DATE OF BIRTH: 7-17-84

9. AGE last birthday: 67 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife

10b. KIND OF BUSINESS OR INDUSTRY: own home

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Joseph Padgett

14. MOTHER'S MAIDEN NAME: Sarah Tucker

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: None

17. INFORMANT AND ADDRESS: Katherine Edsell Hyattsville Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Hypostatic Pneumonia, Pulmonary Congestion

260 X 1/51 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hypertensive Arteriosclerotic Heart Disease

(c) Senile Meastis

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Cataract, both eyes

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11-24, 1951, to 12-23, 1951, that I last saw the deceased alive on 12-22, 1951, and that death occurred at 1:15 A.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

John P. Clem M.D. Hyattsville Md 12-23-51

23. BURIAL, CREMATION OR REMOVAL (Specify) Burial

DATE THEREOF 12/26/51

NAME OF CEMETERY OR CREMATORY Ft Lincoln

LOCATION (City, town, or county) (State) Colmar Manor Md

DATE REC'D BY LOCAL REG. 12/24/51

REGISTRAR'S SIGNATURE Amanda Downey

24. FUNERAL DIRECTOR ADDRESS Gudgeons Hyattsville Md

RECEIVED
JAN 2 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 243

1. PLACE OF DEATH: COUNTY Prince Georges MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Glenn Dale (rural)
LENGTH OF STAY (in this place) 3 yrs., 2 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Glenn Dale Sanatorium

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE D. C. COUNTY –
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington
STREET ADDRESS (If rural, give location) 1419 Chapin St., N. W.

3. NAME OF DECEASED (Type or Print): (First) Augustus (Middle) (Last) Howard

4. DATE OF DEATH: (Month) Dec. (Day) 24 (Year) 1951

5. SEX: Male | 6. COLOR OR RACE: White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married | 8. DATE OF BIRTH: 7/17/1898 | 9. AGE last birthday: 53 yrs. | If under 1 year: Months – Days – | If under 24 hrs.: Hours – Min. –

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Commercial Artist
10b. KIND OF BUSINESS OR INDUSTRY: Unknown
11. BIRTHPLACE (State or foreign country): Philadelphia, Pa.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Louis Howard
14. MOTHER'S MAIDEN NAME: Agnes Queen

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service) –
16. SOCIAL SECURITY NO.: 577-01-7416
17. INFORMANT AND ADDRESS: Decedent

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Pulmonary tuberculosis — Interval Between Onset and Death: 3 yrs + 3 mos.

Antecedent cause(s) Disease or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12-22, 1948, to 12-24, 1951, that I last saw the deceased alive on 12-24, 1951, and that death occurred at 12:42 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Daniel Lee Finicane M.D. ADDRESS Glenn Dale Sanatorium DATE SIGNED 12/24/51

23. BURIAL, CREMATION, REMOVAL (Specify) | DATE THEREOF 12/26/51 | NAME OF CEMETERY OR CREMATORY District of Columbia Morgue | LOCATION (City, town, or county) Washington (State) D.C.

DATE REC'D BY LOCAL REG. 12/24/51 | REGISTRAR'S SIGNATURE Alice Wren | 24. FUNERAL DIRECTOR Daniel Lee Finicane M.D. | ADDRESS Glenn Dale, Md.

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

JAN 2 1952

BUREAU V. S.

12441

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 239

1. PLACE OF DEATH: COUNTY Prince George — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Laurel — LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Warren Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Joppatowne
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print)	(First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
	Hilda	May	Sager	December	12	1951

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
F	W	Married	May 20 1893	58 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife	Home	Hoboken New Jersey	USA

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Leonard Seiling	Catherine Steele

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
no			George H. Sager, Joppatowne, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Malignant Neoplasm 3rd + 4th Cervical	5/4/51
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Carcinoma Breast	5/18/45
	(c) Tumor skin of Arm	1951
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Hypertension	1941

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
5/4/51	Carcinoma of Breast	Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from ....., 19 26, to 12/12, 19 51, that I last saw the deceased alive on 12/12, 19 51, and that death occurred at 8:55 a.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

E. [illegible] Harum MD Laurel Md 12/13/51

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	12/15/51	St. Paul's Lutheran Cem.	Fulton, Maryland

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
DEC 15 - 1951	M. Brashears	De Witt Donaldson Funeral Home	Laurel Md

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information fully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

12442

Reg. Dist. No. 3248

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS/A15.

1. PLACE OF DEATH: COUNTY Prince Georges — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hyattsville
LENGTH OF STAY (in this place) 3/12 mos.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 2622 Kirkwood Pl., 103

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MD COUNTY Pr Geo.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN HYATTSVILLE
STREET ADDRESS (If rural, give location) 2622 KIRKWOOD Pl. Apt #103

3. NAME OF DECEASED (Type or Print)	(First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
	Dennis	Neal	Johnson	Dec.	10	1951

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
MALE	WHITE	S	8-22-51	~~3~~ yrs.	3/12			

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
None	None	District of Columbia	U.S.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Earl William Johnson	Charleva Miller

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
No		None	Charleva Miller Johnson

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Terminal Bronchopneumonia	36 hours.
754.4 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Congenital Heart Disease	3/12 mos.
757.2	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☑ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month)	(Day)	(Year)	(Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8/22, 1951, to 12/10, 1951, that I last saw the deceased alive on 12/9, 1951, and that death occurred at Prince 6:30 A.M., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Benjamin Stein M.D.		3701 Connecticut Ave NW Wash. D.C.	

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
BURIAL	12/11/1951	EDGEHILL CEMETERY	CHARLES TOWN, W. VA.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Dec 10, 1951	James Duvall	W.W. CHAMBERS Co.	RIVERDALE, MD

Item 7 Film 137 1/10/52 whw

12443

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 231

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Prince George — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cheverly — LENGTH OF STAY (In this place) 12 hrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince Geo. Gen. Hosp

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Prince George
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN W. Hyattsville
STREET ADDRESS (If rural, give location) 3501 - Hamilton St.

3. NAME OF DECEASED (Type or Print): (First) Nora (Middle) [illegible] (Last) Johnson
4. DATE OF DEATH: (Month) Dec (Day) 16 (Year) 1951

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed
8. DATE OF BIRTH: 11-10-91
9. AGE last birthday: 60 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY: USA

13. FATHER'S NAME: [illegible] Bradecamp
14. MOTHER'S MAIDEN NAME: unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT AND ADDRESS: Hospital records Maryland

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Cerebral vascular accident — 12 hrs.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hypertensive Cardiovascular disease — 8 yrs.

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12/15, 1951, to 12-16, 1951, that I last saw the deceased alive on 12-16, 1951, and that death occurred at 4:30 A m., from the causes and on the date stated above.

SIGNATURE: [illegible] M.D. — (Degree or title) — ADDRESS: 4514 Hamilton St. Hyattsville Md. — DATE SIGNED: 12-18-51

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 12/19/51 — NAME OF CEMETERY OR CREMATORY: Evergreen — LOCATION (City, town, or county) (State): Bladensburg Md

DATE REC'D BY LOCAL REG. 12/18/51 — REGISTRAR'S SIGNATURE: Amanda Denny

24. FUNERAL DIRECTOR: L. Lucas Son Hyattsville Md — ADDRESS

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 12-11

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Prince Geo. MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Clinton; LENGTH OF STAY (In this place) 2 yrs; HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Prince Geo; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Clinton; STREET ADDRESS (If rural, give location) Woodley Rd

3. NAME OF DECEASED (Type or Print): (First) GEORGE (Middle) WASHINGTON (Last) JOHNSTON

4. DATE OF DEATH: (Month) Dec (Day) 26 (Year) 1951

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: 1/27/67

9. AGE Last birthday: 84 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Carpenter

10b. KIND OF BUSINESS OR INDUSTRY: Self

11. BIRTHPLACE (State or foreign country): Washington DC

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Christopher Johnston

14. MOTHER'S MAIDEN NAME: Olive Jackson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) None

16. SOCIAL SECURITY NO. None

17. INFORMANT AND ADDRESS: Fred D. Johnston 4107 N.J. St Fort Dc

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cardiovascular Collapse

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) atheromatous arteriosclerosis

(c) senility

INTERVAL BETWEEN ONSET AND DEATH: several months or years

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 20 Dec, 1951, to 26 Dec., 1951, that I last saw the deceased alive on 20 Dec, 1951, and that death occurred at 6 A. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Albert R Lapin MD. ADDRESS Clinton Maryland DATE SIGNED Dec 27, 1951

23. BURIAL, CREMATION, REMOVAL (Specify) Burial; DATE THEREOF 12/29/51; NAME OF CEMETERY OR CREMATORY Fort Lincoln; LOCATION (City, town, or county) Bladensburg (State) Md

DATE REC'D BY LOCAL REG. 12-27-51; REGISTRAR'S SIGNATURE [illegible]

24. FUNERAL DIRECTOR W. W. Chambers Co. ADDRESS 517 H St SE

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 231

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Prince Georges; MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Columbia Park; LENGTH OF STAY (in this place) 23 yrs; HOSPITAL OR INSTITUTION OR STREET ADDRESS Columbia Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Prince Georges; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Columbia Park; STREET ADDRESS (If rural, give location) Columbia Ave.

3. NAME OF DECEASED (Type or Print): (First) Elva (Middle) NONE (Last) Jones

4. DATE OF DEATH: (Month) Dec. (Day) 14 (Year) 1951

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: 6 Nov. 1885

9. AGE last birthday: 66 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Mississippi

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Charles Tidwell

14. MOTHER'S MAIDEN NAME: Not known

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If year, give war or dates of service):

16. SOCIAL SECURITY NO.: —

17. INFORMANT: J. Alex Jones - Husband

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary Thrombosis

Antecedent cause(s) (b) Hypertensive Cardio-Vascular disease — Interval Between Onset and Death: 10 years

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c)

2d

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March, 1950, to Dec., 1951, that I last saw the deceased alive on 21 Dec., 1951, and that death occurred at 9:30 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Thomas M. Hutchins M.D. 4315 Landover Rd. Hyattsville, Md. 14 Dec. 1951

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE: 12/27/51 | NAME OF CEMETERY OR CREMATORY: Evergreen | LOCATION (City, town, or county): Bladensburg (State): Md

DATE REC'D BY LOCAL REG.: 12/27/51 | REGISTRAR'S SIGNATURE: Amanda Mooney | 24. FUNERAL DIRECTOR: J. Coache & Son | ADDRESS: Hyattsville Md

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 243

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Prince Georges — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Glenn Dale (rural)
LENGTH OF STAY (in this place) 4 yrs. 11 mos.
HOSPITAL OR INSTITUTION OR STREET ADDRESS [illegible] Sanatorium

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE D. C. COUNTY —
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN [illegible]
STREET ADDRESS (If rural, give location) [illegible] St., N. W.

3. NAME OF DECEASED (Type or Print): (First) JAMES (Middle) Clayton (Last) Doppy JR
4. DATE OF DEATH: (Month) 12 (Day) 23 (Year) 19 51

5. SEX: M
6. COLOR OR RACE: Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): SINGLE
8. DATE OF BIRTH: 1/7/1920
9. AGE last birthday: 31 yrs. If under 1 year: Months — Days — If under 24 hrs.: Hours — Min. —

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): [illegible] Cook
10b. KIND OF BUSINESS OR INDUSTRY: [illegible]
11. BIRTHPLACE (State or foreign country): Washington, D. C.
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: [illegible] Clayton Doppy, Sr.
14. MOTHER'S MAIDEN NAME: Lucille Wade

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service) —
16. SOCIAL SECURITY NO.: 215-16-0[illegible]0
17. INFORMANT AND ADDRESS: Decedent

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Pulmonary Tuberculosis — Interval between onset and death: 10 yrs.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b) — Interval between onset and death: 4 mo.
(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☑ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1/24, 1947, to 12/23, 1951, that I last saw the deceased alive on 12/23/51, 19..., and that death occurred at 2 25 A m., from the causes and on the date stated above.

SIGNATURE [illegible] (Degree or title) MD ADDRESS Glenn Dale Sanat[illegible] Glenn Dale, [illegible] DATE SIGNED 12/[illegible]/51

23. BURIAL ~~CREMATION~~ REMOVAL (Specify) — DATE THEREOF 12/26/51 — NAME OF CEMETERY OR CREMATORY — LOCATION (City, town, or county) Washington (State) D.C.

DATE REC'D BY LOCAL REG. 12/23/51 — REGISTRAR'S SIGNATURE Abe Weiss — 24. FUNERAL DIRECTOR ADDRESS [illegible]

RECEIVED
JAN 2 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

12141 M45

Reg. Dist. No. .....

1. PLACE OF DEATH:
County 5801 - 42d Ave. Pr. Geo.
City or town Hyattsville, Md.
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 2 days
Hospital, institution, or street address where death occurred.
Hyatts. Convalescent & Rest Home
How long in hospital or institution? 2 days

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State ..... County .....
City or town Washington, D.C.
(If outside city or town limits, write RURAL and give nearest town)
Street No. 3502 - Minnesota Ave., S.E.
(If rural, give LOCATION)
2.(a) If veteran, name war ..... ✓

3.(a) FULL NAME: Effie Lee Keyser

3.(b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Widowed

6.(b) Name of husband or wife Charles H. Keyser
6.(c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) January 9, 1876

8. AGE: Years	Months	Days	If less than one day
75			hrs. min.

9. Birthplace Maryland (Town, county, and state)
10. Usual occupation Housewife
11. Industry or business

MOTHER FATHER
12. Name James P. Insley
13. Birthplace Maryland
14. Maiden name ? Messick
15. Birthplace Maryland

16. Informant Mrs. Wm. Waldow
Address 3502 -, Minn. Ave., S.E.

17. Burial (Burial, cremation, or removal Which?) Date thereof 12 10 1951 (month) (day) (year)
Cemetery or crematory Cedar Hill Cemetery
Location Suitland, Md.

18. Funeral director Valley's Funeral Home
Address 3200 - R.I. Ave., Mt. Rainier, Md.

19. Dec 10 1951 (Date rec'd by registrar) James Seery Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 8 1951 at 4:45 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 5-22 1951 to 12-8 1951 and that I last saw h.e.r. alive on 12-7-51 18 .....

Immediate cause of death	DURATION
Cerebral hemorrage	2 days
Due to Hypertensive cardio vascular renal disease	12 yrs
Due to	
Other conditions	

4412 X (Include pregnancy within 3 months of death)

Major findings of operations 1310 Date of op. ....

Autopsy results .....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following.
Accident, suicide, or homicide ..... Date of .....
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?) .....
Nature of injury Injured at work?

23. SIGNATURE John P. Clum M.D.
M. D. or other
Address 6116 43rd Ave Hyattsville Md Date signed 12-8-51

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. Incorrect or age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15 9-45 11

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 231

MARGIN RESERVED FOR BINDING — PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. Use correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY [illegible] MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN [illegible]
LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS [illegible]

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE [illegible] COUNTY [illegible]
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN [illegible]
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Nannie (Middle) (Last) King

4. DATE OF DEATH (Month) 12 (Day) 24 (Year) 19 51

5. SEX [illegible]

6. COLOR OR RACE [illegible]

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) [illegible]

8. DATE OF BIRTH 3/27/51

9. AGE last birthday yrs. | If under 1 year: Months [illegible] Days [illegible] | If under 24 hrs.: Hours [illegible] Min. [illegible]

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) [illegible]

10b. KIND OF BUSINESS OR INDUSTRY [illegible]

11. BIRTHPLACE (State or foreign country) [illegible]

12. CITIZEN OF WHAT COUNTRY? [illegible]

13. FATHER'S NAME [illegible]rvey L. King

14. MOTHER'S MAIDEN NAME Mary I. Smith

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) [illegible] (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS [illegible] Wilson-- Upper Marlboro, [illegible]

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Congestive heart failure

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Bronchopneumonia

(c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12/10, 1951, to 12/24, 1951, that I last saw the deceased alive on 12/24, 1951, and that death occurred at 11:30 Am., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

James T. Boyd M.D. Forestville Md 12/26/51

23. BURIAL, CREMATION, REMOVAL (Specify) | DATE THEREOF 12/28/51 | NAME OF CEMETERY OR CREMATORY [illegible] | LOCATION (City, town, or county) (State) [illegible]

DATE REC'D BY LOCAL REG. 12 26 | REGISTRAR'S SIGNATURE Edna F. Collins

24. FUNERAL DIRECTOR Ritchie Bros. ADDRESS [illegible]

12/28/51 Amanda Downey 4 0 9 2 5 1 19 V 1

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 239

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Prince Georges — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Laurel | LENGTH OF STAY (in this place) 3 1/2 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS Laurel Sanitarium

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Pennsylvania COUNTY Allegheny
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Pittsburg
STREET ADDRESS (If rural, give location) 138 Yorkshire Road

3. NAME OF DECEASED (Type or Print): (First) Edward (Middle) Nicholas (Last) Koch
4. DATE OF DEATH: (Month) 12 (Day) 21 (Year) 1951
5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, ~~WIDOWED~~, ~~DIVORCED~~, (Specify)
8. DATE OF BIRTH: 3-31-1882
9. AGE last birthday: 69 yrs. | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Hardware Business
10b. KIND OF BUSINESS OR INDUSTRY: Store
11. BIRTHPLACE (State or foreign country): Penna.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Charles August Koch
14. MOTHER'S MAIDEN NAME: Mary Stippich
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown): Unknown | (If year, give war or dates of service)
16. SOCIAL SECURITY No.
17. INFORMANT AND ADDRESS: Mrs. H. B. Maynard 138 Yorkshire Road Pittsburg, Pa

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Chronic Myocarditis	3 years
Antecedent cause(s)	(b) General Arteriosclerosis	6 years
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(c) Manic Depressive Insanity	6 years

422.1
931

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6-9-, 1946, to 12-21, 1951, that I last saw the deceased alive on 12-21, 1951, and that death occurred at 1:30 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) | ADDRESS | DATE SIGNED
Jesse L. Coggins Medical Director | Laurel Maryland | 12/21/51

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE 12/23/51 | NAME OF CEMETERY OR CREMATORY Smithfield Cemetery | LOCATION (City, town, or county) Fox Chapel Pittsburg (State) Penn.

DATE REC'D BY LOCAL REG. Dec 22-1951 | REGISTRAR'S SIGNATURE M. Bradshaw | 24. FUNERAL DIRECTOR | ADDRESS
DeWitt Donaldson Laurel, Md

12450

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 231

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct answer is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A

1. PLACE OF DEATH: COUNTY Prince Georges — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cheverly — LENGTH OF STAY (In this place) 1 Months
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince Georges Gen. Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Prince Georges
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Capitol Heights
STREET ADDRESS (If rural, give location) 402-60th Avenue

3. NAME OF DECEASED (Type or Print): (First) Michael (Middle) (Last) Korn

4. DATE OF DEATH: (Month) Dec. (Day) 23 (Year) 1951

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Oct. 5, 1886

9. AGE last birthday: 65 yrs. — If under 1 year: Months / Days — If under 24 hrs: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired

10b. KIND OF BUSINESS OR INDUSTRY: Barber

11. BIRTHPLACE (State or foreign country): Hungary

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Daniel Korn

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No — (If yes, give war or dates of service)

16. SOCIAL SECURITY No.

17. INFORMANT AND ADDRESS: Philip Korn - Kent Village - Son.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Acute congestive heart failure

442x Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Cardiovascular renal disease

131a (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at work ☐ Not while at work ☐ | HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) — ADDRESS — DATE SIGNED

John D. Maloney M.D. Dep. Md. Exam. — Cheverly-Hyattsville Md — 12-25-51

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: Dec. 27 — NAME OF CEMETERY OR CREMATORY: Cedar Hill — LOCATION (City, town, or county) (State): Suitland, Md.

DATE REC'D BY LOCAL REG. 12/25/51 — REGISTRAR'S SIGNATURE: Amanda Downey

24. FUNERAL DIRECTOR: Fine & Bibbee Co — ADDRESS: 2901-14th St. N.W. Wash. D.C.

DEC 23 1953
BUREAU V.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 765

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Prince Geo. — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN University Park | LENGTH OF STAY (in this place) 1 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 6701 Forest Hill dr.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Prince Geo.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN University Park
STREET ADDRESS (If rural, give location) 6701 Forest Hill Dr.

3. NAME OF DECEASED (Type or Print): (First) Rose (Middle) Ann (Last) Kowalski
4. DATE OF DEATH: (Month) Dec. (Day) 12 (Year) 1957

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): widow
8. DATE OF BIRTH: June 24 1880
9. AGE last birthday: 77 yrs. | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10b. KIND OF BUSINESS OR INDUSTRY —
11. BIRTHPLACE (State or foreign country): Shamokin, Pa
12. CITIZEN OF WHAT COUNTRY? Am.

13. FATHER'S NAME: Leon Conura
14. MOTHER'S MAIDEN NAME: Mary Jack

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. —
17. INFORMANT AND ADDRESS: Daughter - Elizabeth M. Kowalski

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Gastro Intestinal Hemorrhage	3 hours
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Congestive Heart Failure	8 mo
420.0	(c) Arteriosclerotic Heart Disease	2 years

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY
(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 1, 1957, to Dec 12, 1957, that I last saw the deceased alive on Dec 12, 1957, and that death occurred at 1 30 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
L W Malin MD Riverdale, Md 12-12-57

23. BURIAL, CREMATION OR REMOVAL (Specify) | DATE THEREOF | NAME OF CEMETERY OR CREMATORY | LOCATION (City, town, or county) (State)
Burial | 12/15/57 | Mt. Olivet | Washington, D.C.

DATE REC'D BY LOCAL REG. 12/12/57 12/14/57
REGISTRAR'S SIGNATURE Amanda Downey James Levey
24. FUNERAL DIRECTOR Timothy Hinton — ADDRESS 3831 Ga. Ave. N.W. - Wash. D.C.

Items 3, 9 FilmG138 1/17/52 whw

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 231

MAKE IN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Prince George's — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cheverly
LENGTH OF STAY (in this place) 15 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince Geo. Gen Hosp

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Prince George
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Capitol Hgts
STREET ADDRESS (If rural, give location) 413-59th Ave

3. NAME OF DECEASED (Type or Print): (First) Franklin (Middle) (Last) Lampkin

4. DATE OF DEATH: (Month) Dec (Day) 19 (Year) 1951

5. SEX: male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): married

8. DATE OF BIRTH: 28 May 1892

9. AGE last birthday: 59 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Druggist

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Unknown

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT AND ADDRESS: Hospital Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Congestive Heart Failure

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b) Bilateral Hydrothorax & Ascites
(c) Arteriosclerotic Heart Disease

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. 1) Diabetes Mellitus 2) Cirrhosis of liver

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☑ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE):

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12/3, 1951, to Dec 19, 1951, that I last saw the deceased alive on Dec 19, 1951, and that death occurred at 2:25 A.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

James R. Goodson M.D. 1746 K St N.W. Wash. D.C. 12/19/51

23. BURIAL, CREMATION OR REMOVAL (Specify): Burial
DATE THEREOF: 12-22-51
NAME OF CEMETERY OR CREMATORY: Cedar Hill
LOCATION (City, town, or county) (State): Suitland, Md.

DATE REC'D BY LOCAL REG.: 12-19-51
REGISTRAR'S SIGNATURE: Amanda Downey
FUNERAL DIRECTOR: W. R. Chambers Co.
ADDRESS: 517 11th St. SE Wash. D.C.

DEC 3 1951

Board V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 240

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A16A

1. PLACE OF DEATH: COUNTY Prince Georges — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN T. B. — LENGTH OF STAY (in this place) 1 2 hours
HOSPITAL OR INSTITUTION OR STREET ADDRESS Brandywine Farm

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY P. G.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN T. B.
STREET ADDRESS (If rural, give location) Brandywine Farm

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Connie	Mayne	Lester	Dec	6	1951

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday yrs.	If under 1 year: Months / Days	If under 24 hrs: Hours / Min.
Female	White	Widow	12/5/51			2

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
		T. B. Maryland	

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Joseph Willard Lester	Jessie Burton

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY No.	17. INFORMANT AND ADDRESS
		Jessie Burton Lester T. B. Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Intra Cranial hemorrhage	
760.0 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Birth injury	
160 a	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING CAUSE OF DEATH.	PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?
m.		

22. *I certify that I took charge of the remains described above, held an Autopsy ___, Inspection ✓, Inquiry ✓ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ✓, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
James D Boyd	Md	Forestville Md	12/6/51

23. BURIAL, CREMATION, REMOVAL, (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Dec 7 51	Cedarville Cemetery	Cedarville, Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Dec. 6, 1951	F H Billingsley	Jos. Willard Lester acting	Brandywine Md

40 25 51 2 4135 1

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 345

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY: Prince Georges — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Hyattsville
LENGTH OF STAY (in this place): 6 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 5616 - Randolph St.

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY: Pr. Geo.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Hyattsville
STREET ADDRESS (If rural, give location): 5616 - Randolph St.

3. NAME OF DECEASED (Type or Print): (First) Nellie (Middle) Sullivan (Last) Lee

4. DATE OF DEATH: (Month) 12 (Day) 5 (Year) 1951

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: 9/30/1879

9. AGE last birthday: 72 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Shelbyville, Ky.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Unknown

14. MOTHER'S MAIDEN NAME: Catherine Kerwin

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: None

17. INFORMANT AND ADDRESS: Mary Catherine Denny

18. MEDICAL CERTIFICATION (Same as above)

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral Thrombosis — Interval between onset and death: 2 Weeks

332X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) General arteriosclerosis — 5 Years

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May, 1950, to Dec 5, 1951, that I last saw the deceased alive on Dec 5, 1951, and that death occurred at 2:30 a.m., from the causes and on the date stated above.

SIGNATURE: L W Mellon (Degree or title) M D — ADDRESS: Riverdale Md — DATE SIGNED: 12-5-51

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF: 12/8/1951 — NAME OF CEMETERY OR CREMATORY: Grove Hill Cemetery — LOCATION (City, town, or county) (State): Shelbyville, Ky.

DATE REC'D BY LOCAL REG.: Dec 5 1951 — REGISTRAR'S SIGNATURE: James Devey

24. FUNERAL DIRECTOR — ADDRESS: Maley's Funeral Home 5200-R. Rhode Island Ave. Mt. Rainier, Md.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 231

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. This correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH: COUNTY Prince Georges — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Beverly — LENGTH OF STAY (In this place) 3 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince Georges Gen Hosp

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Prince Georges
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN E. Riverdale
STREET ADDRESS (If rural, give location) 5309 Edmonston Rd.

3. NAME OF DECEASED (Type or Print): (First) Esther (Middle) [illegible] (Last) Lotter
4. DATE OF DEATH: (Month) Dec (Day) 11 (Year) 1951

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Sept 5, 1889
9. AGE last birthday: 62 yrs. — If under 1 year: Months / Days — If under 24 hrs: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Grocery store
11. BIRTHPLACE (State or foreign country): Russia
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Gilbert Greigel
14. MOTHER'S MAIDEN NAME: Rebecca Wasco

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no — (If yes, give war or dates of service) none
16. SOCIAL SECURITY NO. none
17. INFORMANT AND ADDRESS: Hospital Records -

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Hemorrhage + shock

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
812.5 (b) Laceration of Internal Iliac
170c (c) Fracture of pelvis

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Automobile accident

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING CAUSE OF DEATH. — PLACE (Home, farm, factory, street, office bldg., etc.) Street — (CITY OR TOWN) E. Riverdale — (COUNTY) Pr Georges — (STATE) Md.
TIME OF INJURY (Month) (Day) (Year) (Hour) 12-11-51-7 Am. — INJURY OCCURRED While at work ☐ Not while at work ☒ — HOW DID INJURY OCCUR? Struck by automobile.

22. *I certify that I took charge of the remains described above, held an Autopsy X Inspection X Inquiry X thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes , accident X suicide , homicide , undetermined .*

SIGNATURE — (Degree or title) — ADDRESS — DATE SIGNED
John J. Maloney, M.D. Dep. Med. Exam. Beverly-Hyattsville, Md. 12-11-51

23. BURIAL, CREMATION, REMOVAL (Specify) — DATE THEREOF 11 Dec 51 — NAME OF CEMETERY OR CREMATORY Goldberg Funeral Home — LOCATION (City, town, or county) (State) 7217 - 9th St. N.W. Wash., D.C.
DATE REC'D BY LOCAL REG. 12/11/51 — REGISTRAR'S SIGNATURE Amanda Downey — 24. FUNERAL DIRECTOR — ADDRESS Goldberg Funeral Home 7217 9th St NW Wash, DC -211636

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 245

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Prince Georges — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hyattsville | LENGTH OF STAY (in this place) 7 Months
HOSPITAL OR INSTITUTION OR STREET ADDRESS 3916 Kennedy St

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Ohio — COUNTY Tuscarawas
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Strasburg
STREET ADDRESS (If rural, give location) 318 N. Wooster ✓

3. NAME OF DECEASED (Type or Print): (First) SAMUEL (Middle) TILDEN (Last) MARCHAND
4. DATE OF DEATH: (Month) DEC (Day) 21 (Year) 1951

5. SEX: M
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): WIDOWED
8. DATE OF BIRTH: MAY 3, 1873
9. AGE last birthday: 78 yrs. | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): FARMER owner
10b. KIND OF BUSINESS OR INDUSTRY: FARMER
11. BIRTHPLACE (State or foreign country): OHIO
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: ABRAHAM MARCHAND
14. MOTHER'S MAIDEN NAME: MARY CABOT

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unkn[own] (If yes, give war or service): NO — None
16. SOCIAL SECURITY NO.: NONE
17. INFORMANT AND ADDRESS: DAUGHTER ALDEANE MARCHAND - HYATTSVILLE MD.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) CONGESTIVE HEART FAILURE	4 WEEKS
Antecedent cause(s) Disease or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) ARTERIOSCLEROTIC HEART DISEASE	3 MONTHS
	(c)	

428 0
124 1

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. CIRRHOSIS OF LIVER

19a. DATE OF OPERATION: NOV 19, 1951
19b. MAJOR FINDINGS OF OPERATION: CIRRHOSIS OF LIVER
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) | (COUNTY) | (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from NOV 1, 1951, to DEC 21, 1951, that I last saw the deceased alive on DEC 21, 1951, and that death occurred at 4:15 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title): Samuel J. Mougar M.D.
ADDRESS: 4300 Kaywood Drive Mt Rainier Md
DATE SIGNED: Dec 21, 1951

23. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
DATE THEREOF: Dec. 24 1951
NAME OF CEMETERY OR CREMATORY: Union Lawn Cem.
LOCATION (City, town, or county) (State): NAVARRE, Ohio.

DATE REC'D BY LOCAL REG.: DEC 21 1951
REGISTRAR'S SIGNATURE: James Seery
24. FUNERAL DIRECTOR: W. W. CRAMBERS Co — ADDRESS: RIVERDALE MD

VS-A15

ITeM 3: film G139 2-18-52 L

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 231

1. PLACE OF DEATH: COUNTY Prince George — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cheverly
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince George General Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY P.G.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN East Riverdale
STREET ADDRESS (If rural, give location) Good Luck Road

3. NAME OF DECEASED (Type or Print): (First) William (Middle) [illegible] (Last) Maske

4. DATE OF DEATH: (Month) Dec. (Day) 23 (Year) 1951

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: Feb. 12, 1875

9. AGE last birthday: 76 yrs.
If under 1 year: Months / Days
If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): farmer

10b. KIND OF BUSINESS OR INDUSTRY: FARM

11. BIRTHPLACE (State or foreign country): Washington D.C.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: William Maske

14. MOTHER'S MAIDEN NAME: Antoinette Dreyer

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS: W. M. Maske, Riverdale, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Myocarditis	2 mos
610 X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 13 h	(b) Chronic valvular dis	?
	(c) Prostatic hypertrophy	?

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec 1, 1951, to Dec 23, 1951, that I last saw the deceased alive on Dec 23, 1951, and that death occurred at 11:15 P.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Jemaia Hays M.D. ADDRESS Hyattsville Md DATE SIGNED 12-24-51

23. BURIAL, CREMATION, REMOVAL (Specify) Burial DATE THEREOF Dec 27/51 NAME OF CEMETERY OR CREMATORY St Hyacinth LOCATION (City, town, or county) Colmar Manor (State)

DATE REC'D BY LOCAL REG. 12-26-51 REGISTRAR'S SIGNATURE Amanda Downey

24. FUNERAL DIRECTOR St Jacobs Sons ADDRESS Hyattsville Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A15

RECEIVED
JAN 2[illegible] 1952
BUREAU [illegible]

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. .....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A16A

1. PLACE OF DEATH: COUNTY Prince Georges — MARYLAND
CITY, (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cheverly — LENGTH OF STAY (In this place) D.O.A.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince Georges Gen. Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Virginia — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Roanoke
STREET ADDRESS (If rural, give location) 610-6th St., N.E.

3. NAME OF DECEASED (Type or Print): (First) Ray (Middle) Field (Last) McDowell

4. DATE OF DEATH: (Month) Dec. (Day) 13 (Year) 1951

5. SEX: M. | 6. COLOR OR RACE: C | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Single | 8. DATE OF BIRTH: 2-10-24 | 9. AGE last birthday: 27 yrs. | If under 1 year: Months / Days | If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Soldier | 10b. KIND OF BUSINESS OR INDUSTRY: U.S. Army | 11. BIRTHPLACE (State or foreign country): W. Virginia | 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: unk. | 14. MOTHER'S MAIDEN NAME: Zina McDowell

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes | (If yes, give war or dates of service) | 16. SOCIAL SECURITY NO. | 17. INFORMANT AND ADDRESS: U.S. Army Records.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Hemorrhage & shock

Antecedent cause(s) Disease or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Fracture dislocation of 3rd Cervical vertebra with cord compression & hemorrhage into spinal canal causing compression & transection

(c)

819.5 / 170.2

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☒ No ☐

21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING CAUSE OF DEATH. | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: Street | (CITY OR TOWN) College Park (COUNTY) Prince Geo (STATE) Md.

TIME OF INJURY (Month) (Day) (Year) (Hour): 12-13-51 3:37 A.M. | INJURY OCCURRED While at work ☒ Not while at work ☐ | HOW DID INJURY OCCUR? Driving S on U.S. Rt 1 - hit a utility pole

22. *I certify that I took charge of the remains described above, held an Autopsy ✓ Inspection ✓ Inquiry ✓ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐ suicide ✓, homicide ☐, undetermined ☐.*

SIGNATURE | (Degree or title) | ADDRESS | DATE SIGNED:
John D. Maloney M.D. Dep. Md. Exam. Cheverly Hyattsville Md 12/13

23. BURIAL, CREMATION REMOVAL, (Specify) Burial | DATE THEREOF 12/18/51 | NAME OF CEMETERY OR CREMATORY Mt. Hebron | LOCATION (City, town, or county) Roanoke, Va. (State) Va.

DATE REC'D BY LOCAL REG. 12/14/51 | REGISTRAR'S SIGNATURE Harold Hedrick DMR | 24. FUNERAL DIRECTOR Charles R. Law | ADDRESS 802 Mad. Ave.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 245

1. PLACE OF DEATH: COUNTY Prince Georges — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hyattsville
LENGTH OF STAY (In this place) 4 months
HOSPITAL OR INSTITUTION OR STREET ADDRESS 3915 Nicholson St.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Pr. Geo.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hyattsville
STREET ADDRESS (If rural, give location) 3915 Nicholson Street

3. NAME OF DECEASED (Type or Print): (First) MARY (Middle) AGNES (Last) McNULTY

4. DATE OF DEATH (Month) (Day) (Year): December 20th, 19 51

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: Oct. 11/1875

9. AGE last birthday: 76 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife

10b. KIND OF BUSINESS OR INDUSTRY: At home

11. BIRTHPLACE (State or foreign country): Penna.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Michael Walsh

14. MOTHER'S MAIDEN NAME: Bridget Walsh

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service): none

16. SOCIAL SECURITY NO.: None

17. INFORMANT AND ADDRESS: Mrs. Clare M. Carroll 1035 Perry St.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Toxic myocardosis	2 weeks
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Cerebral sclerosis	6 months
	(c)	

345 X
72

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: —

19b. MAJOR FINDINGS OF OPERATION: —

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): —

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept. 3, 19 46, to Dec. 20, 19 51, that I last saw the deceased alive on Dec. 19, 19 51, and that death occurred at 1:15 A. m., from the causes and on the date stated above.

SIGNATURE: Frank R. Shea (M.D.) — (Degree or Title) — ADDRESS: 4100 - 17th St. N.E. (Wash D.C.) — DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	12/26/51	Cathedral Cemetery	Scranton, Penna.

DATE REC'D BY LOCAL REG. Dec 20 1951 — REGISTRAR'S SIGNATURE: James Devery

24. FUNERAL DIRECTOR — ADDRESS: W.W. Chambers Company, Riverdale, Md.

12461

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 242

MARGIN RESERVED FOR BINDING. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. PLEASE WRITE PLAINLY, WITH UNFADING INK.

1. PLACE OF DEATH — COUNTY: PRINCE GEORGE — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: | LENGTH OF STAY (in this place): 1 MONTH
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 8079 New Fort Road WASHINGTON

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: West Virginia — COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: SALEM
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): (First) John (Middle) William (Last) Meredith

4. DATE OF DEATH: (Month) Dec (Day) 5 (Year) 1951

5. SEX: MALE | 6. COLOR OR RACE: White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): MARRIED | 8. DATE OF BIRTH: JAN. 1- 1883 | 9. AGE last birthday: 68 yrs. | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): MERCHANT | 10b. KIND OF BUSINESS OR INDUSTRY: RETIRED | 11. BIRTHPLACE (State or foreign country): Wheeling West Virginia | 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: William F. Meredith | 14. MOTHER'S MAIDEN NAME: Helen Layman

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO | (If year, give war or dates of service) NONE | 16. SOCIAL SECURITY NO. 235-14-8456A | 17. INFORMANT AND ADDRESS: Harry Meredith 8079 New Fort Road Washington

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a) Bronchopneumonia	3 wks.
331X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Respiratory paralysis - intercostal muscles, & muscles of deglutition	4 yrs.
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. (c) Hypertension & Cerebral accident	4 1/2 yrs.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11/13, 19 51, to 12/5/51 19, that I last saw the deceased alive on 12/5/51, 19, and that death occurred at 11:55 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) | ADDRESS | DATE SIGNED
Anna Coyne Todd, M.D | 7274 Palmer Rd S.E. | 12/6/51

23. BURIAL, CREMATION, REMOVAL (Specify) Burial | DATE 12/6/51 | NAME OF CEMETERY OR CREMATORY | LOCATION (City, town, or county) (State) Fairmont, W. Va.

DATE REC'D BY LOCAL REG. Dec. 6-1951 | REGISTRAR'S SIGNATURE Carrie J. Campbell.

24. FUNERAL DIRECTOR | ADDRESS: W. E. Chambers Co. 517 N. 4th St.

U.S. A15

DEC 10 19[illegible]
BUDLONG V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

2-34

Reg. Dist. No. 247

1. PLACE OF DEATH: COUNTY Prince Geo County MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Camp Springs
LENGTH OF STAY (In this place) 2 Years
HOSPITAL OR INSTITUTION OR STREET ADDRESS 6301 Allentown Rd. S.E.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Prince Geo
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Camp Springs
STREET ADDRESS (If rural, give location) 6301 Allentown Rd. SE

3. NAME OF DECEASED (Type or Print): (First) CLARA (Middle) A (Last) MILLER

4. DATE OF DEATH: (Month) Dec. (Day) 26 (Year) 1951

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: 11-25-65

9. AGE last birthday: 86 — If under 1 year: Months — Days — If under 24 hrs.: Hours — Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: At Home

11. BIRTHPLACE (State or foreign country): Penna

12. CITIZEN OF WHAT COUNTRY: U.S.A.

13. FATHER'S NAME: Washington Marquette

14. MOTHER'S MAIDEN NAME: Emma Atchinson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: none

17. INFORMANT AND ADDRESS: Raymond Simmons 4918 Dent St. SE

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Congestive Heart Failure	1 hour
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Coronary Sclerosis Cardio-Vascular Renal Disease	3 years
	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March, 1949, to 12-26, 1951, that I last saw the deceased alive on 12-20, 1951, and that death occurred at 8:00 A.m., from the causes and on the date stated above.

SIGNATURE: John P. D'Angst (Degree or title) M.D. — ADDRESS: 4223 Silver Hill Rd Silver Hill Md — DATE SIGNED: 12-26-51

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 12/28/51 — NAME OF CEMETERY OR CREMATORY: Fort Lincoln — LOCATION (City, town, or county) (State): Bladensburg Md.

DATE REC'D BY LOCAL REG.: Dec 27 51 — REGISTRAR'S SIGNATURE: [illegible] — 24. FUNERAL DIRECTOR: W. W. Chambers Co. — ADDRESS: 517 11th St SE

Howard S. Beall Jr

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
JAN 02 '98
BUREAU OF

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 62 345

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A15 8-51

1. PLACE OF DEATH:
COUNTY Prince Georges — MARYLAND
CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN University Park
LENGTH OF STAY (in this place) 12 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS 4318 Van Buren st

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY Prince Geo
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN University Park
STREET ADDRESS 4318 Van Buren st (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First) HORACE (Middle) WESLEY (Last) MILLER

4. DATE OF DEATH: (Month) Dec (Day) 24 (Year) 19 61

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
M	W	Married	11/22/1860	91 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Builder Contractor
10b. KIND OF BUSINESS OR INDUSTRY: Retired
11. BIRTHPLACE (State or foreign country): York Pa
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Jacob Miller
14. MOTHER'S MAIDEN NAME: ? Hendelbaugh

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) No
16. SOCIAL SECURITY No.: —
17. INFORMANT & ADDRESS: Chester Miller - University Park Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
Immediate cause	(a) Cerebral Hemorrhage	
332 X Antecedent cause(s)	DUE TO (b) Congestive heart failure	
83 Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	DUE TO (c)	

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. Senility — 4 yrs

19a. DATE OF OPERATION: — 19b. MAJOR FINDINGS OF OPERATION: — 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M. — INJURY OCCURRED While at work ☐ Not while at work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12-1 19 61, to 12-24 19 61, that I last saw the deceased alive on 12-1 19 61, and that death occurred at 1:30 P m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS — DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF 12/27/61 — NAME OF CEMETERY OR CREMATORY Mt Zion — LOCATION (City, town, or county) (State) York Co Penna

DATE REC'D BY LOCAL REG. Dec 28 1961 — REGISTRAR'S SIGNATURE James Lucas

24. FUNERAL DIRECTOR — ADDRESS

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 231

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Prince George; STATE MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cheverly; LENGTH OF STAY (In this place) 6 Days; HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince George Co. Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Prince George; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington 20, D.C.; STREET ADDRESS (If rural, give location) 5095 Branch Avenue, S.E.

3. NAME OF DECEASED (Type or Print): (First) James (Middle) William (Last) Mills

4. DATE OF DEATH: (Month) Dec. (Day) 20, (Year) 1951

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: 10/14/65

9. AGE last birthday: 86 yrs. If under 1 year: Months; Days. If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Horse Dealer (Retired)

10b. KIND OF BUSINESS OR INDUSTRY: Horse Dealer

11. BIRTHPLACE (State or foreign country): Virginia

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: James Mills

14. MOTHER'S MAIDEN NAME: Alberta Bolton

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT AND ADDRESS: Mrs. Leona E. Hatton, 207 E. Custis Ave., Alexandria,

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Circulatory and Respiratory Failure	10 Hrs.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Arterio Sclerosis Generalized & Diabetes Mellitus	Many Yrs.
	(c) Hemorrhage into Left Internal Capsule with Hemiplegia	1 Mo.

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12/14, 1951, to 12/20, 1951, that I last saw the deceased alive on 12/20, 1951, and that death occurred at 3:15P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Ronald S. Flexner M.D. 5432 Queens Chapel Rd Hyattsville 12/21/51

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF: 12/24/51

NAME OF CEMETERY OR CREMATORY: Remington Baptist

LOCATION (City, town, or county) (State): Remington Va

DATE REC'D BY LOCAL REG. 12/21/51

REGISTRAR'S SIGNATURE: Amanda Downey

24. FUNERAL DIRECTOR: W. W. Chambers Co.

ADDRESS: 517 11th St SE

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 242

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 8-51

1. PLACE OF DEATH:
COUNTY: Prince Georges — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Ardmore Md
LENGTH OF STAY (in this place): 4 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Marine Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Md — COUNTY: Prince Georges
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Ardmore Md
STREET ADDRESS (If rural, give location): Ardmore Road

3. NAME OF DECEASED: (Type or Print) (First) Ronald (Middle) William (Last) Munsey

4. DATE OF DEATH: (Month) Dec (Day) 14, (Year) 1951

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): single

8. DATE OF BIRTH: May 30, 1946

9. AGE last birthday: 5 years yrs.
IF UNDER 1 YEAR: Months | Days
IF UNDER 24 HRS.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): none

10b. KIND OF BUSINESS OR INDUSTRY: none

11. BIRTHPLACE (State or foreign country): Baltimore Md

12. CITIZEN OF WHAT COUNTRY? U S A

13. FATHER'S NAME: Joseph B Munsey

14. MOTHER'S MAIDEN NAME: Margaret Wilson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service): --

16. SOCIAL SECURITY NO.: --

17. INFORMANT & ADDRESS: Margaret Munsey Baltimore Maryland

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause — (a) Acute congestive heart failure

Antecedent cause(s) — Diseases or conditions, if any, giving rise to the above cause stating underlying cause last — DUE TO (b) Congenital heart — 5 years.

DUE TO (c)

INTERVAL BETWEEN ONSET AND DEATH

754.4
757.2

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. Mongoloid

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6-27, 1946, to 12-14, 1951, that I last saw the deceased alive on 12-12, 1951, and that death occurred at 7.30 A m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS DATE SIGNED
John D. Maloney M.D. Cheverly Hyattsville, Md. 12-14-51

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF: 12/14/51
NAME OF CEMETERY OR CREMATORY: Evergreen Cemetery
LOCATION (City, town, or county) (State): Bladensburg Md

DATE REC'D BY LOCAL REG. Dec 15
REGISTRAR'S SIGNATURE: Amanda Mooney
Carrie F. Caudell

24. FUNERAL DIRECTOR ADDRESS: F. Gasch's Sons Hyattsville Maryland.

DEC 21 1951
BUREAU

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 245

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Prince Georges — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hyattsville — LENGTH OF STAY (in this place) 3 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Leland Memorial Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Pr. Geo.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN College Park
STREET ADDRESS (If rural, give location) 4311 - Powell Drive

3. NAME OF DECEASED (Type or Print): (First) Ray (Middle) (Last) Muri
4. DATE OF DEATH: (Month) Dec (Day) 1 (Year) 1951

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs: Hours	Min.
Male	White	Married	2-19-1907	44 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Manufacturing Man
10b. KIND OF BUSINESS OR INDUSTRY: Sod about Cpts
11. BIRTHPLACE (State or foreign country): Montana
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Andrew Muri
14. MOTHER'S MAIDEN NAME: unk.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) yes (If yes, give war or dates of service) World War I
16. SOCIAL SECURITY NO. 529-07-2120
17. INFORMANT AND ADDRESS W. J. - Same.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Cerebral compression
Antecedent cause(s) Disease or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Subdural hemorrhage
(c) Fracture of base of skull

I 245 — II 170 C

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes X No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY Street (CITY OR TOWN) College Park (COUNTY) Pr. Geo. (STATE) Md.
TIME OF INJURY (Month) 11 (Day) 29 (Year) 51 (Hour) 1.00 p.m. INJURY OCCURRED While at work X Not while at work ☐
HOW DID INJURY OCCUR? Was thrown out of truck when it turned over

22. I certify that I took charge of the remains described above, held an Autopsy X Inspection X Inquiry X thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident X suicide ☐, homicide ☐, undetermined ☐.

SIGNATURE: John D. Malony M.D. (Degree or title) ADDRESS: Church. Md. DATE SIGNED: Dec 3, 1951

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 12/4/51 — NAME OF CEMETERY OR CREMATORY: Arlington Cemetery — LOCATION (City, town, or county) (State): Arlington Va.

DATE REC'D BY LOCAL REG.: Dec 4 1951 — REGISTRAR'S SIGNATURE: James Devey — 24. FUNERAL DIRECTOR: F. Gasch & Sons — ADDRESS: Hyattsville Md.

VS. A18A

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

'61

Reg. Dist. No. 245

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Lackawanna — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Dunmore — LENGTH OF STAY (In this place) 20 mos
HOSPITAL OR INSTITUTION OR STREET ADDRESS Sacred Heart Home

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Virginia — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Arlington
STREET ADDRESS (If rural, give location) 4811-30th South East

3. NAME OF DECEASED (Type or Print): (First) Mary (Middle) (Last) O'Hara

4. DATE OF DEATH: (Month) Dec. (Day) 14 (Year) 1951

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: June 25, 1873

9. AGE last birthday: 78 yrs. — If under 1 year: Months / Days — If under 24 hrs: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Pennsylvania

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Anthony O'Hara

14. MOTHER'S MAIDEN NAME: Mary Carey

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT (AND ADDRESS): Records of Sacred Heart Home

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Shock - due to fracture of left femur

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) due to or: congestive heart failure — 403.0

(c) Cerebrovascular renal disease — 186a

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☒ CAUSE OF DEATH. | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY Home | (CITY OR TOWN) Dunmore (COUNTY) Lack. (STATE) Pa.

TIME (Month) (Day) (Year) (Hour) OF INJURY 12-14-51 3:45 p.m. | INJURY OCCURRED While at work ☐ Not while at work ☒ | HOW DID INJURY OCCUR? Fell, tripped on rug - Fractured head of femur.

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

John J. Malone M.D. Dep. Md. Examiner Chronic Md. Dec. 14, 1951

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF 12/18/51 | NAME OF CEMETERY OR CREMATORY Cathedral Cemetery | LOCATION (City, town, or county) Scranton (State) Penna.

DATE REC'D BY LOCAL REG. DEC 14 1951 | REGISTRAR'S SIGNATURE James Devery

24. FUNERAL DIRECTOR Francis J. Collins | ADDRESS 3821-14th St. N.W. Wash. D.C.

NS A15A

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 2131

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15A

1. PLACE OF DEATH: COUNTY Prince Georges — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cheverly — LENGTH OF STAY at this place 2 hour
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince Georges General

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE DC — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington
STREET ADDRESS (Rural route or location) 101 E. 57th St. 223 Indiana Ave. NW

3. NAME OF DECEASED (Type or Print): (First) Paul (Middle) (Last.) Owens

4. DATE OF DEATH: (Month) 12 (Day) 22 (Year) 1957

5. SEX: male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): DIVORCED

8. DATE OF BIRTH: May 14 1905

9. AGE Last birthday: 46 yrs. — If under 1 year: Months / Days — If under 24 hrs: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Maintenance Work

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or Foreign country): Washington, D.C.

12. CITIZEN OF WHAT COUNTRY: U.S.A.

13. FATHER'S NAME: David Owens

14. MOTHER'S MAIDEN NAME:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: ?

17. INFORMANT AND ADDRESS: Daughter

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Hemorrhage and shock

Antecedent cause(s) Disease or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Crushed skull

170 c (c) Fractures of both legs

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY ✓ OR CONTRIBUTING CAUSE OF DEATH | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Central Ave | (CITY OR TOWN) Hales | (COUNTY) P.G. | (STATE) Md

TIME OF INJURY (Month) 12 (Day) 21 (Year) 51 (Hour) 10:45 p — INJURY OCCURRED While at work ✓ Not while at work — HOW DID INJURY OCCUR? Passenger in fatal auto accident

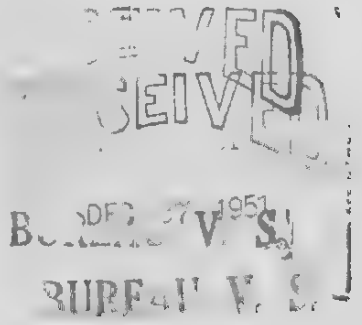
22 I certify that I took charge of the remains [illegible] Inspector ✓ Inquest thereon and from the evidence obtained by said Autopsy, Inspection, Inquest [illegible] as stated above, and death in my opinion resulted from natural causes, accident ✓ suicide [illegible]

SIGNATURE: James H Boyd (Degree or title) M.D ADDRESS: Forestville Md DATE SIGNED: 12/24/57

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE: 12/22/57 — NAME OF CEMETERY OR CREMATORY: W.W. Chambers Co. — LOCATION (City, town or county) (State): 517-11th St. S.E.

DATE RECD BY LOCAL REG: 12/22/57 — REGISTRAR (Signature): Amanda Downey

24. FUNERAL DIRECTOR: W.W. Chambers Co. 517-11th St. S.E. Wash. D.C. — ADDRESS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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 745

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Prince George. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hyattsville
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Morgan Rest Home.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE D.C. COUNTY —
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington
STREET ADDRESS (If rural, give location) 3701 - 14th St N.E.

3. NAME OF DECEASED (Type or Print): (First) Ada (Middle) C (Last) Payne
4. DATE OF DEATH: (Month) Dec (Day) 3 (Year) 1951

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Write one): Widowed
8. DATE OF BIRTH: Jan 9 1872
9. AGE last birthday: 79 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Home.
11. BIRTHPLACE (State or foreign country): Washington D.C.
12. CITIZEN OF WHAT COUNTRY: USA

13. FATHER'S NAME: John S Mills
14. MOTHER'S MAIDEN NAME: Harriat Ann Brown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY No. —
17. INFORMANT AND ADDRESS: Mrs Thelma Rector

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Cerebral Hemmorage with partial paralysis of Throat	3 days
422.2 Antecedent cause(s) Disease or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Senility	5 yrs
83a	(c) Myocarditis	5 yrs

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan, 19 47, to Dec 3, 1951, that I last saw the deceased alive on Dec 2, 1951, and that death occurred at 4:30 p. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Agnes R. Kreuzberg M.D. 1339 Kenyon - N.E. 12/3/51.

23. BURIAL, CREMATION, REMOVAL (Specify) Cremation | DATE THEREOF 12/5/51 | NAME OF CEMETERY OR CREMATORY Ft Lincoln | LOCATION (City, town, or county) (State) Colmar Manor Md

DATE REC'D BY LOCAL REG. Dec 3 1951 | REGISTRAR'S SIGNATURE James Seery

24. FUNERAL DIRECTOR ADDRESS The S.H. Hines Co. 3901-14th St N.W.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. 231

Reg. Dist. No. 242

1. PLACE OF DEATH: COUNTY Prince George MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cheverly Md. | LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince Geo. Gen. Hosp

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Prince George
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bladensburg
STREET ADDRESS (If rural, give location) 4203 54th Pl.

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Nettie		Perrie	Dec	17	1951

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
F	W	widowed	18 Oct 1882	69 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife	None	Maryland	

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
George W. Kidwell	Mary P. Wirts

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
no		Mrs. [illegible] Hodge-4203 54th Pl. Cheverly, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Myocardial Infarction	3 Hrs
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Coronary Artery Disease	5 years
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from 8-21, 1951, to 12-17, 1951, that I last saw the deceased alive on 12-12, 1951, and that death occurred at 3:35 A m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
[signature]	M.D.	Mt. Rainier Md	12-17-51

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	12/20/51	Rosaryville Catholic	Rosaryville, Maryland.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Dec 20-1951	Edward F. Codling	Ritchie Brothers-Upper Marlboro, Md.	

Dec 23-1951 Amanda Downey

VS. A13

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
DEC 27 1951
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

3242

CERTIFICATE OF DEATH

Reg. Dist. No. 231

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the cause of death clearly and legibly.

VS: A15 8-51

1. PLACE OF DEATH:

COUNTY: Prince Georges — MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Lanham Maryland

LENGTH OF STAY (in this place): 9 years

HOSPITAL OR INSTITUTION OR STREET ADDRESS: Lanham Md

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE: Md — COUNTY: Prince Georges

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Lanham

STREET ADDRESS (If rural, give location): Lanham Md

3. NAME OF DECEASED: (Type or Print) (First) Sophie (Middle) Augusta (Last) Price

4. DATE OF DEATH: (Month) Dec (Day) 16, (Year) 1951

5. SEX: female

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): single

8. DATE OF BIRTH: Aug 24, 1870

9. AGE last birthday: 81 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Saleslady

10b. KIND OF BUSINESS OR INDUSTRY: Warnermaker Store

11. BIRTHPLACE (State or foreign country): Philadelphia Pa

12. CITIZEN OF WHAT COUNTRY? U S A

13. FATHER'S NAME: Christian Price

14. MOTHER'S MAIDEN NAME: Charlotte Geist

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service): no

16. SOCIAL SECURITY NO.: none

17. INFORMANT & ADDRESS: Lillian Howser Lanham Maryland

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
Immediate cause	(a) Myocarditis	3 yr.
290.0 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last 73 e	DUE TO (b) Pernicious anemia	15 yr.
	DUE TO (c)	

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov 15, 1951, to Dec 16, 1951, that I last saw the deceased alive on Dec 15, 1951, and that death occurred at 3 a m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS: Howard Hays M.D. Hyattsville. Md

DATE SIGNED: 12-17-51

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE THEREOF: 12/18/51

NAME OF CEMETERY OR CREMATORY: Ft Lincoln Cemetery

LOCATION (City, town, or county) (State): Colmar Manor Md

DATE RECD BY LOCAL REG.: Dec 18/51

REGISTRAR'S SIGNATURE: Amanda Downey

24. FUNERAL DIRECTOR ADDRESS: F. Gasch's Sons Hyattsville Maryland

490-69

DEC 21 1951

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 7-43

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. 1A&A

1. PLACE OF DEATH: COUNTY Prince George's — CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bowie — MARYLAND — LENGTH OF STAY (In this place) — HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Prince George's — CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bowie — STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Carlton (Middle) (Last) Queen

4. DATE OF DEATH: (Month) 12-25 (Day) (Year) 1951

5. SEX: Male

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: 1874

9. AGE Last birthday: 77 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer - Cares for Horses

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Stirin Queen

14. MOTHER'S MAIDEN NAME: Hannah Warren

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT AND ADDRESS: Edith Wilson - Sister -

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Arteriosclerotic heart failure

442x **Antecedent cause(s)** Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Cardiovascular renal disease

131a (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. — PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at work ☐ Not while at work ☐ — HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒ accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) — ADDRESS — DATE SIGNED

John J. Maloney M.D. Asst. Med. Exam. Church Hattonsville Md 12-27-51

23. BURIAL, CREMATION, REMOVAL (Specify): Buried — DATE THEREOF: Jan. 2 1952 — NAME OF CEMETERY OR CREMATORY: Forest Cem. — LOCATION (City, town, or county) (State): Patuxent P.G. Md.

DATE REC'D BY LOCAL REG.: 12-20-51 — REGISTRAR'S SIGNATURE: Amanda Downey — 24. FUNERAL DIRECTOR — ADDRESS: J.P. Johnson Annapolis

1-2-52

RECEIVED
JAN 22 1952
BUREAU V. S.

12471

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 231

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Prince George MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cheverly | LENGTH OF STAY (In this place) 11-11-51 / 12-29-51
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince George Gen.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Prince George COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Riverdale Md
STREET ADDRESS (If rural, give location) 605 - 43rd

3. NAME OF DECEASED (Type or Print): (First) Percy (Middle) C (Last) Ralston
4. DATE OF DEATH: (Month) Dec. (Day) 29 (Year) 51

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
M	W	M	10-19-77	74 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Clerk - Electrical	retired	Pennsylvania	U.S.

13. FATHER'S NAME Charles Ralston
14. MOTHER'S MAIDEN NAME May Donnelly

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY No.
17. INFORMANT AND ADDRESS Agnes L. Ralston Phila. Pa

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Cerebral vascular accident	7 wks
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Diabetes mellitus	10 years
	(c) Hypertension	10 years

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11-11, 1951, to 12-29, 1951, that I last saw the deceased alive on 12-29, 1951, and that death occurred at 12 noon m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
W. Sumner Wyatt	M.D.	4514 Baltimore Av. Hyattsville Md.	12-29-51

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Jan-2-1952	Westminster	Philadelphia Pa

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
12/29/51	Amanda Downey	Deal Funeral Home	4812 Lake Av. W. Wash. D.C.

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JAN 8 1952
BUREAU V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 243

1. PLACE OF DEATH: COUNTY Prince Georges MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Glenn Dale (Rural)
LENGTH OF STAY (in this place) 1 yr., 3 mos.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Glenn Dale Sanatorium

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE D.C. COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington
STREET ADDRESS (If rural, give location) 219 H. St., N.W.

3. NAME OF DECEASED (Type or Print): (First) Era (Middle) (Last) Rhinehart
4. DATE OF DEATH: (Month) Dec. (Day) 11 (Year) 1951

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Male	White	married	8/14/1900	51 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Cat driver	-	Broadway, Virginia	U.S.A.

13. FATHER'S NAME: Charles Rhinehart
14. MOTHER'S MAIDEN NAME: Mollie Orebaugh

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
no -	215-20-3055	Decedent

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Pulmonary tuberculosis. — Interval between onset and death: 10 yrs 11 mos

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) — (c)

13 Jr

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☑ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from 9-13, 1950, to 12-11, 1951, that I last saw the deceased alive on 12-11, 1951, and that death occurred at 10:10 p.m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Daniel Leo Finucane	M.D.	Glenn Dale Sanatorium, Glenn Dale, Maryland	12/11/51

23. BURIAL, ~~CREMATION~~ REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
	12/14/51	Washington National	Prince Georges	Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
12/12/51	Roe Wells	W.W. Chambers Co.	517, 11th St. S.E., D.C.

VS-A15

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DEC. 19 1951
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

12473

Reg. Dist. No. 231

1. PLACE OF DEATH: COUNTY Prince Georges — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cheverly — LENGTH OF STAY (In this place) 4 hours
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince Georges General

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE D C — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington
STREET ADDRESS (If rural, give location) 1712 A Street S.E.

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Howard		Sams	12	22	1951

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE Last birthday	If under 1 year: Months	Days	If under 24 hrs: Hours	Min.
male	white	Married	Aug 22, 1913	38 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Construction	self	Virginia	U.S.A.

13. FATHER'S NAME: Charles Sams
14. MOTHER'S MAIDEN NAME: Mary Wilson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY No.	17. INFORMANT AND ADDRESS
		Wife

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Hemorrhage and shock

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Laceration of spleen

170.2 (c) Fracture of right femur

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
12-22-51	Exploration intra abdominal hemorrhage	Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING CAUSE OF DEATH	PLACE OF INJURY (Home, farm, factory, street, office building, etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)
	Central Ave	Hales	Pr. G.	Md

TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	INJURY OCCURRED While at work ☑	Not while at work ☐	HOW DID INJURY OCCUR?
12	21	51	10:30 P			Driving car that ran off road

22. *I certify that I took charge of the remains of the above-named deceased, that I held a post-mortem examination, Inspection ☐ Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection ☐ Inquiry ☐ thereon, and from my knowledge of the case, the death occurred on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE: James D. Boyd M.D. — Degree or title — ADDRESS: Forestville Md — DATE SIGNED: 12-22-51

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Removal	12/22/51	W.W. Chambers C.	517-11th St. S.E.	

DATE RECD BY LOCAL REGISTRAR	REGISTRAR (Signature)	FUNERAL DIRECTOR	ADDRESS
12/22/51	Amanda Downey	W.W. Chambers C.	517-11th St. S.E. Wash. D.C.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct answer is especially important. Physicians: please write the causes of death clearly and legibly.

VS. MD-5A

RECEIVED
DEC
BUREAU V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 231

1. PLACE OF DEATH: COUNTY Prince George's — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Laurel Md. — LENGTH OF STAY (in this place) 2 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince George's General

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Pr. George's
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Mt. Rainier, Maryland
STREET ADDRESS (If rural, give location) 3309 Chillum Road

3. NAME OF DECEASED (Type or Print): (First) Eloise (Middle) (Last) Sanderson
4. DATE OF DEATH (Month) Dec. (Day) 21, (Year) 19 51

5. SEX: F
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: 11-27-1896
9. AGE last birthday: 55 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): house wife
10b. KIND OF BUSINESS OR INDUSTRY: in own home
11. BIRTHPLACE (State or foreign country): Baltimore Md.
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Henry Borgman
14. MOTHER'S MAIDEN NAME: Catherine Hennings

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS: George Sanderson 3309 Chillum Rd

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Shock and circulatory collapse due to blood loss from ruptured varicose veins of Liver

Antecedent cause(s) Disease or conditions, if any, giving rise to the above cause stating the underlying cause last
(b)
(c)

INTERVAL BETWEEN ONSET AND DEATH: 36 h / yrs.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12-20, 19 51, to 12-21, 19 51, that I last saw the deceased alive on 12-21, 19 51, and that death occurred at 9:35 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Ronald F. Fleischer M.D. 5732 Queens Chapel Rd Hyattsville 12/22/51

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF: 12/24/1951
NAME OF CEMETERY OR CREMATORY: Fort Lincoln Cemetery
LOCATION (City, town, or county) (State): Colmar Manor, Md.

DATE REC'D BY LOCAL REG. 12-24-51
REGISTRAR'S SIGNATURE: Amanda Mooney
24. FUNERAL DIRECTOR: Nalley's Funeral Home
ADDRESS: 3200 R.I. Ave. Mt. Rainier, Md.

RECEIVED
DEC 27 1951
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

12175

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 42

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct and is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH: COUNTY Prince Georges MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Oxon Hill
LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 6840 Rock Road

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY P. G.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Oxon Hill
STREET ADDRESS (If rural, give location) 6840 Rock Road

3. NAME OF DECEASED (Type or Print): (First) Clarence (Middle) (Last) Savoy

4. DATE OF DEATH: (Month) 12 (Day) 18 (Year) 19 51

5. SEX: Male
6. COLOR OR RACE: Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: June 1 1897
9. AGE last birthday: 54 yrs.
If under 1 year: Months / Days
If under 24 hrs: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer
10b. KIND OF BUSINESS OR INDUSTRY: Miscellaneous - wife
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U. S. A

13. FATHER'S NAME: Sevillen Savoy
14. MOTHER'S MAIDEN NAME: Maggie Stamps

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS: C. E. Savoy - same address

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

981X **Immediate cause** (a) Hemorrhage and shock

166 **Antecedent cause(s)** Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) shot gun wound of chest

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☑ No ☐

21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY Yard Home
(CITY OR TOWN) Oxon Hill (COUNTY) P.G. (STATE) Md.
TIME OF INJURY (Month) 12 (Day) 18 (Year) 51 (Hour) 6:30 p.m.
INJURY OCCURRED While at work ☐ Not while at work ☑
HOW DID INJURY OCCUR? Shot with shot gun

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☑ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☑, undetermined ☐.*

SIGNATURE (Degree or title) James D. Boyd M.D.
ADDRESS Forestville Md.
DATE SIGNED 12-19-51

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF 12/22/51
NAME OF CEMETERY OR CREMATORY: Woodlawn Cemetery
LOCATION (City, town, or county) (State): Washington D.C.

DATE REC'D BY LOCAL REG. 12/19/51
REGISTRAR'S SIGNATURE: Amanda Downey
Carrie F. Campbell.

24. FUNERAL DIRECTOR: F. Gaschi Sons Hyattsville Md
ADDRESS

RECEIVED
DEC 23 1951
BUREAU OF

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

12470

CERTIFICATE OF DEATH

Reg. Dist. No. 231

MARK IN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Prince George — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cheverly
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince George General Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY P G
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN College Park
STREET ADDRESS (If rural, give location) 7002 Dartmouth Ave.

3. NAME OF DECEASED (Type or Print): (First) Clayton (Middle) (Last) Sawyer
4. DATE OF DEATH: (Month) Dec. (Day) 21 (Year) 1951

5. SEX: male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: April 5 1901
9. AGE last birthday: 50 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Engineer
10b. KIND OF BUSINESS OR INDUSTRY: Govt U.S.
11. BIRTHPLACE (State or foreign country): Maine
12. CITIZEN OF WHAT COUNTRY? U.S.A

13. FATHER'S NAME: Asa Sawyer
14. MOTHER'S MAIDEN NAME: Hattie Smith

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS: Phyllis Sawyer College Park Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Cerebrovascular Accident, Rt. Hemip. — 12 days

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hypertension, Essential — 4 yrs.

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10/9, 1951, to 10/21, 1951, that I last saw the deceased alive on 10/21, 1951, and that death occurred at 10:45 A.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Wm P. Holbrook Jr. M.D. 10/21/51

23. BURIAL, CREMATION, REMOVAL (Specify) Transportation
DATE THEREOF 12/23/51
NAME OF CEMETERY OR CREMATORY Grond
LOCATION (City, town, or county) (State) Maine

DATE REC'D BY LOCAL REG. 12-23-51
REGISTRAR'S SIGNATURE Amanda Downey
24. FUNERAL DIRECTOR Lacey & Sons
ADDRESS Hyattsville Md

RECEIVED
DEC
BUREAU

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 242

1. PLACE OF DEATH: COUNTY Prince George's — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Forestville — LENGTH OF STAY (in this place) Unknown
HOSPITAL OR INSTITUTION OR STREET ADDRESS Marlboro Pike

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE District of Columbia — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington
STREET ADDRESS (If rural, give location) 517 Newcomb St SE

3. NAME OF DECEASED (Type or Print): (First) George (Middle) W. (Last) Sebastian

4. DATE OF DEATH: (Month) 12 (Day) 23 (Year) 1951

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: 2/12/12

9. AGE last birthday: 39 yrs. — If under 1 year: Months / Days — If under 24 hrs: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Guard

10b. KIND OF BUSINESS OR INDUSTRY: Library of Congress

11. BIRTHPLACE (State or foreign country): Indiana

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Joseph G. Sebastian

14. MOTHER'S MAIDEN NAME: Anna M Brahm

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS: Florence C Sebastian 517 Newcomb St SE Wash DC

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Hemorrhage and shock

11.4 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Crushed skull

1700 (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY Marlboro Pike — (CITY OR TOWN) Forestville — (COUNTY) P.G. — (STATE) Md

TIME OF INJURY (Month) 12 (Day) 23 (Year) 51 (Hour) 5:30 A.M. — INJURY OCCURRED While at work ☐ Not while at work ☑ — HOW DID INJURY OCCUR? Occupant of car that struck telephone pole

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☑ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☑, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title): James D. Boyd MD — ADDRESS: Forestville Md — DATE SIGNED: 12/23/51

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: Dec 26-51 — NAME OF CEMETERY OR CREMATORY: Fort Lincoln Cem — LOCATION (City, town, or county) (State): Colmar Manor Md

DATE REC'D BY LOCAL REG.: 12-22-51 — REGISTRAR'S SIGNATURE: Amanda Downey — 24. FUNERAL DIRECTOR: Emmett Sullivan — ADDRESS: 2007 Nichols Ave S E Wash DC

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the figures of deaths clearly and legibly.

VS. A1

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 215

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH
COUNTY PRINCE GEORGES MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN BRENTWOOD
LENGTH OF STAY (In this place) 15 YEARS
HOSPITAL OR INSTITUTION OR STREET ADDRESS RESIDENCE

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE MARYLAND COUNTY PRINCE GEORGES
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN BRENTWOOD
STREET ADDRESS (If rural, give location) 4314-40 PL

3. NAME OF DECEASED (Type or Print): (First) LEONARD (Middle) BENJAMIN (Last) SHELTON
4. DATE OF DEATH: (Month) DEC. (Day) 22nd (Year) 1951

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
MALE	WHITE	MARRIED	7/16/1888	63 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
PAINTER	US GOVT	WASHINGTON DC	USA

13. FATHER'S NAME: BENJAMIN SHELTON
14. MOTHER'S MAIDEN NAME: SUSIE SELBY

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
NO	NONE	MARGARET A SHELTON BRENTWOOD, MD.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Carcinoma of Colon — Interval between onset and death: one year

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b) & Metastasis — Interval between onset and death: one year
(c)

153X
462

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
Jan 29 1951	Carcinoma of Colon	Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from Jan., 1951, to Dec. 22, 1951, that I last saw the deceased alive on 12/22, 1951, and that death occurred at 12:20 p.m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
RS. William	M.D.	35 New York Ave N.W.	Mar. DEC. 12/22

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
BURIAL	DEC. 26, 51	FT. LINCOLN	COLMAR MANOR MD

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
DEC 22, 1951	James Lever	W W CHAMBERS CO	WASH DC

RECEIVED
DEC
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 745

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Prince George. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Mt Rainer. | LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 3817 - 37th Street.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Prince George.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Mt Rainer.
STREET ADDRESS (If rural give location) 3817 - 37th St.

3. NAME OF DECEASED (Type or Print): (First) MARGUERITE (Middle) (Last) SHIELDS

4. DATE OF DEATH: (Month) Dec. (Day) 5 (Year) 1951

5. SEX: F. | 6. COLOR OR RACE: white. | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed. | 8. DATE OF BIRTH: Nov. 14 1891 | 9. AGE last birthday: 60 yrs. | If under 1 year: Months / Days | If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housework. | 10b. KIND OF BUSINESS OR INDUSTRY: - | 11. BIRTHPLACE (State or foreign country): Wash. D.C. | 12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: William Duffy. | 14. MOTHER'S MAIDEN NAME: Josephine Downey.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) | 16. SOCIAL SECURITY NO. | 17. INFORMANT: Miss Rita M. Brinka (daughter)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH | INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Coronary occlusion

420.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Coronary heart disease

94a (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov. 9, 19.51., to Dec. 5, 19.51., that I last saw the deceased alive on Dec. 4, 19.51., and that death occurred at 2.45A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) | ADDRESS | DATE SIGNED

John A. Simpson M.D. | 1018 Monroe St. N.E. | Dec. 5, 1951

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF: Dec. 8-51 | NAME OF CEMETERY OR CREMATORY: Mt. Olivet Cemetery | LOCATION (City, town, or county) (State): Washington. D.C.

DATE REC'D BY LOCAL REG. Dec. 5, 1951 | REGISTRAR'S SIGNATURE: Mrs. Jas. Devere Deputy Registrar | 24. FUNERAL DIRECTOR: J.F. Costello. | ADDRESS: Wash. D.C.

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DEC 7 1

Items 8, 13 FilmG138 1/14/52 whw

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 231

1. PLACE OF DEATH: COUNTY Prince George — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cheverly
LENGTH OF STAY (In this place) 3 mos
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince Geo. Gen. Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Prince Geo.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hyattsville,
STREET ADDRESS (If rural, give location) 4913 - 40 Place

3. NAME OF DECEASED (Type or Print): (First) Henry (Middle) (Last) Sills
4. DATE OF DEATH: (Month) Dec. (Day) 18 (Year) 1951

5. SEX: Male
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): S
8. DATE OF BIRTH: 9-24-51
9. AGE last birthday: yrs. 3 — If under 1 year: Months — Days — If under 24 hrs.: Hours — Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country): Washington DC
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Henry B. Sills
14. MOTHER'S MAIDEN NAME:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY No.
17. INFORMANT AND ADDRESS

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Bronchopneumonia, right lung.
571.0 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Mesenteric Adenitis
119a (c) Diarrhea & dehydration

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☑ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ....., 19....., to ....., 19....., that I last saw the deceased alive on ....., 19....., and that death occurred at .....m., from the causes and on the date stated above.

SIGNATURE: John W. Perkins (Degree or title) MD. ADDRESS 5301 Hamilton St., Hyattsville, Md. DATE SIGNED Dec 21 1951

23. BURIAL, CREMATION, REMOVAL (Specify): Cremation
DATE THEREOF: Dec 20, 51
NAME OF CEMETERY OR CREMATORY: Prince Georges Gen Hosp
LOCATION (City, town, or county) (State): Cheverly Md

DATE REC'D BY LOCAL REG. 12/24/51
REGISTRAR'S SIGNATURE: Amanda Downey
24. FUNERAL DIRECTOR: Harry W Penn
ADDRESS: Upper Marlboro

VS-A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. Give correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
DEC 28 1951
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

12481

Reg. Dist. No. 243

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Prince Georges; MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Glenn Dale (Rural)
LENGTH OF STAY (in this place) 1 day
HOSPITAL OR INSTITUTION OR STREET ADDRESS Glenn Dale Sanatorium

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE D. C. COUNTY -
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington
STREET ADDRESS (If rural, give location) 1709 New Hampshire Ave., N. W.

3. NAME OF DECEASED (Type or Print): (First) John (Middle) (Last) SINGS
4. DATE OF DEATH: (Month) 12 (Day) 31 (Year) 1951

5. SEX: Male
6. COLOR OR RACE: Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: 5/10/07
9. AGE last birthday: 44 yrs. If under 1 year: Months - Days - If under 24 hrs.: Hours - Min. -
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Janitor
10b. KIND OF BUSINESS OR INDUSTRY: Unknown
11. BIRTHPLACE (State or foreign country): Lancaster, S. C.
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: Joseph Sings
14. MOTHER'S MAIDEN NAME: Annie Ingram
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) -
16. SOCIAL SECURITY NO.: Unknown
17. INFORMANT AND ADDRESS: Wife, Marion Sings, 1709 New Hampshire Ave NW Washington, D. C.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Pulmonary Tuberculosis, Far Advanced — Interval between onset and death: 4 months

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b)
(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec. 31, 1951, to Dec. 31, 1951, that I last saw the deceased alive on Dec. 31, 1951, and that death occurred at 9 35 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Daniel Leo Finucane M. D.
ADDRESS Glenn Dale Sanatorium, Glenn Dale, Maryland
DATE SIGNED 12/31/51

23. BURIAL, CREMATION, REMOVAL (Specify)
DATE THEREOF 1/1/52
NAME OF CEMETERY OR CREMATORY
LOCATION (City, town, or county) (State) Washington, D. C.

DATE REC'D BY LOCAL REG. 1/1/52
REGISTRAR'S SIGNATURE M. M. Weiss
24. FUNERAL DIRECTOR J. J. Stewart
ADDRESS 3044 8th St. NE

VS. A15

RECEIVED
JAN 22 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 242

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH: COUNTY Prince Georges — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Parkland — LENGTH OF STAY (in this place) 3 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS 208 Maryland Ave

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY P. G.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Parkland
STREET ADDRESS (If rural, give location) 208 Maryland Ave

3. NAME OF DECEASED (Type or Print): (First) Mary (Middle) Virginia (Last) Turbaugh

4. DATE OF DEATH: (Month) 12 (Day) 1 (Year) 1951

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Widowed

8. DATE OF BIRTH: Jan 20, 1881

9. AGE last birthday: 70 yrs. — If under 1 year: Months / Days — If under 24 hrs: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Virginia

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Huey McDowell

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No — (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT AND ADDRESS: Gladys Hutchinson Adm

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Acute Congestive heart failure

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Cardiovascular renal disease

(c)

4412X

131a

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at work ☐ Not while at work ☐ | HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ✓ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ✓, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) James L. Boyd M.D. — ADDRESS Forestville Md. — DATE SIGNED 12/1/51

23. BURIAL ✓ CREMATION REMOVAL (Specify) — DATE THEREOF 12-4-51 — NAME OF CEMETERY OR CREMATORY Fort Lincoln. — LOCATION (City, town, or county) Pr. Georges Co. (State) Md.

DATE REC'D BY LOCAL REG. Dec 2 1951 — REGISTRAR'S SIGNATURE Edna F. Gilmore

24. FUNERAL DIRECTOR W. W. Chambers Co. — ADDRESS 511 11th St

S.2

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

1951 239
3228

Reg. Dist. No. .....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Prince Georges — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Beltsville & Laurel — LENGTH OF STAY (In this place) Transit
HOSPITAL OR INSTITUTION OR STREET ADDRESS Route 1

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Pr. Geo
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Seat Pleasant
STREET ADDRESS (If rural, give location) 826-57th Ave.

3. NAME OF DECEASED (Type or Print)	(First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
	Charles	H.	Smith	Dec	6	1951

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs: Hours	Min.
Male	White	Married	Unknown	59.7 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Mechanical engineer	Unknown	Unknown	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Unknown	Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
	579-18-3400A	Md. State Police

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a)	Hemorrhage & shock.	
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)	Fractured skull & crushed chest.	
(c)		

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.	PLACE (Home, farm, factory, street, office Bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
	Street	Laurel	Pr. Geo.	Md.

TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	INJURY OCCURRED While at work ☐	Not while at work ☒	HOW DID INJURY OCCUR?
12	6	51	2.45 p.m.			Struck by tractor [redacted] Boulevard. Driver or Both

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒ suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
John D. Maloney	M.D.	Dep. Med. Exam. Chevy Chase-Hyattsville	Md. 12-7-51

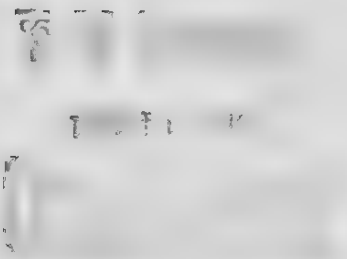
23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town or county)	(State)
Removal	12/7/51	University Med. School	Baltimore	Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
12/8/51	Amanda Downey	Frances A. Hemsley 5-7841	W. Biddle St

12-12-51 M. Brosheare

VS. A15A

04



Item 9 FilmG137 1/8/52 whw

12484

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 105

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Prince Georges MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baden
LENGTH OF STAY (In this place) Unknown
HOSPITAL OR INSTITUTION OR STREET ADDRESS Francis Summers Farm

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY P. G.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baden
STREET ADDRESS (If rural, give location) Francis Summers Farm

3. NAME OF DECEASED (Type or Print): (First) Jack (Middle) (Last) Smith

4. DATE OF DEATH: (Month) 12 (Day) 7 (Year) 19 51

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Married

8. DATE OF BIRTH: Jan 14, 1931

9. AGE last birthday: 20 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life) even if retired): Farmer

10b. KIND OF BUSINESS OR INDUSTRY: Farm

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY: U.S.A.

13. FATHER'S NAME: James Washington Smith

14. MOTHER'S MAIDEN NAME: Rebecca Cook

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY No.: 214-32-8848

17. INFORMANT AND ADDRESS: James Smith, Baden, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Asphyxia

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hanging

(c)

E974X

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING CAUSE OF DEATH.

PLACE (Home, farm, factory street, office bldg., etc.) OF INJURY Barn (CITY OR TOWN) Baden (COUNTY) P. G. (STATE) Md

TIME OF INJURY (Month) 12 (Day) 7 (Year) 51 (Hour) 3 p.m.

INJURY OCCURRED While at work ☐ Not while at work ☑

HOW DID INJURY OCCUR? Hanged self

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑ Inquiry ☑ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☑, homicide ☐, undetermined ☐.*

SIGNATURE: James T. Boyd (Degree or title) M.D. ADDRESS: Forestville Md DATE SIGNED: 12-30-51

23. BURIAL, CREMATION, REMOVAL (Specify): Burial DATE THEREOF: 1/1/52 NAME OF CEMETERY OR CREMATORY: St Peters LOCATION (City, town, or county): Waldorf (State): Md

DATE REC'D BY LOCAL REG. 12/31/51

REGISTRAR'S SIGNATURE: M. L. Bowie

24. FUNERAL DIRECTOR: Hutt & Ryon ADDRESS: Waldorf.

Mrs. T. Hewlings Clay

VS. A15A

COPY SENT TO LOCAL

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

1645

Reg. Dist. No. 230

1. PLACE OF DEATH — COUNTY: PRINCE GEORGE'S — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: GREENBELT
LENGTH OF STAY (In this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 2-A CRESENT ROAD

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: MARYLAND — COUNTY: PRINCE GEORGE'S
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: GREENBELT MARYLAND
STREET ADDRESS (If rural, give location): 2-A CRESENT ROAD

3. NAME OF DECEASED (Type or Print): (First) MARY (Middle) CATHERINE (Last) SNODDY

4. DATE OF DEATH: (Month) Dec (Day) 13 (Year) 1951

5. SEX: female

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):

8. DATE OF BIRTH: 7/21/11

9. AGE last birthday: 40 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSEWIFE

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): WASHINGTON

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: EDWARD M. CULLINAN

14. MOTHER'S MAIDEN NAME: EDITH EVANS

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT AND ADDRESS: CHARLES BRADLEY BROTHER IN LAW

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Pulmonary tuberculosis	3 years
X Antecedent cause(s)		
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c)	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Rheumatoid arthritis	10 years

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE):

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from December 1949, to Dec. 13, 1951, that I last saw the deceased alive on Dec. 13, 1951, and that death occurred at 9 40 p.m., from the causes and on the date stated above.

SIGNATURE: Hans Wodak (Degree or title) M.D. ADDRESS: 30-B Bridge Rd, Green belt, Md. DATE SIGNED: 12-13-51

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE: 12/17/51 — NAME OF CEMETERY OR CREMATORY: Rock Creek Cemetery — LOCATION (City, town, or county) (State): Wash DC

DATE REC'D BY LOCAL REG.: 12-14-51 — REGISTRAR'S SIGNATURE: Amanda Dorsey, John D. Smith

24. FUNERAL DIRECTOR: TIMOTHY HANLON — ADDRESS: 3831 Ga Ave NW Wash DC

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
1951
V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 239

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct entry is especially important. Physicians: please record the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS-415A

1. PLACE OF DEATH: COUNTY Prince George — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Contee
LENGTH OF STAY (In this place) transit
HOSPITAL OR INSTITUTION OR STREET ADDRESS Route 1.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland (COUNTY) Prince George's
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hyattsville
STREET ADDRESS (If rural, give location) Chillum Road.

3. NAME OF DECEASED (Type or Print): (First) Charles (Middle) George (Last) Sonder

4. DATE OF DEATH: (Month) (Day) (Year) 12-25-1951

5. SEX: Male — 6. COLOR OR RACE: White — 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widow — 8. DATE OF BIRTH: 5-9-87 — 9. AGE last birthday: 64 yrs. — If under 1 year: Months / Days — If under 24 hrs: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Inspector — 10b. KIND OF BUSINESS OR INDUSTRY: Railroad — 11. BIRTHPLACE (State or foreign country): Maryland — 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Louis F. Sonder — 14. MOTHER'S MAIDEN NAME: Margaret Leinhart

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) If yes, give war or dates of service: — 16. SOCIAL SECURITY NO. — 17. INFORMANT AND ADDRESS: Mrs Bowman - Nephew - Cor. 42 Park Ave.

18. MEDICAL CERTIFICATION

19. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Hemorrhage & shock

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Fractured skull - Fracture cervical vertebrae

(c) crushed chest -- Automobile accident

ICD 816.5

20. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Fractured left tibia & fibula.

21a. DATE OF OPERATION — 21b. MAJOR FINDINGS OF OPERATION — 21. AUTOPSY? Yes ☐ No ☒

22. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY Street — (CITY OR TOWN) Contee — (COUNTY) Prince George's — (STATE) Md.

TIME OF INJURY (Month) (Day) (Year) (Hour) 12-25-51- 9 m. — INJURY OCCURRED While at work ☐ Not while at work ☒ — HOW DID INJURY OCCUR? Car driven by deceased was in collision with another automobile

23. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒ Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒ suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE — (Degree or title) — ADDRESS — DATE SIGNED

John D. Maloney M.D. Sup. Md. State Police Hyattsville Md. 12-25-51

24. BURIAL, CREMATION OR REMOVAL (Specify): Burial — DATE THEREOF: 12/28/51 — NAME OF CEMETERY OR CREMATORY: Ft Lincoln — LOCATION (City, town, or county) (State): Colmar Manor Md

DATE REC'D BY LOCAL REG. 12-28 — REGISTRAR'S SIGNATURE: Amanda Mooney — 25. FUNERAL DIRECTOR — ADDRESS: F. Bascha Sons Hyattsville (Md.)

12-29-51 51 M. Brosnan

53

RECEIVED
JAN 2 19[illegible]
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 231

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physician: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

V8-715

1. PLACE OF DEATH: COUNTY Prince George — MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cheverely; LENGTH OF STAY (in this place) 2 days; HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince Geo. Gen. Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Prince Geo.; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Tecoma Park; STREET ADDRESS (If rural, give location) 903 Fairview Ave. apt #2

3. NAME OF DECEASED (Type or Print): (First) Mary (Middle) Jane (Last) Stansbeary

4. DATE OF DEATH: (Month) Dec (Day) 18 (Year) 1951

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): M

8. DATE OF BIRTH: 1/24/1926

9. AGE last birthday: 25 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Own home

11. BIRTHPLACE (State or foreign country): Illinois

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Lon Miller

14. MOTHER'S MAIDEN NAME: Minnie Miller Kinney

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY No.: —

17. INFORMANT AND ADDRESS: Alan P. Stansbeary Tecoma Park

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Metastatic Malignancy to Brain, Liver, —

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Kidneys, Spleen, G.I. tract and Lungs from 1/2 53 — 2 1/2 mo.

(c) Probably a Chorioepithelioma

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Embolus (Saddle) of bifurcation abdominal aorta; Cerebral Hemorrhage — 2 days

19a. DATE OF OPERATION: 12-2-51

19b. MAJOR FINDINGS OF OPERATION: Large cystic ovarian tumor, uterus negative

20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify); PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.); (CITY OR TOWN); (COUNTY); (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.; INJURY OCCURRED While at Work ☐ Not While At work ☐; HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11-22, 1951, to 12-18, 1951, that I last saw the deceased alive on 12-18, 1951, and that death occurred at 5:00 P.m., from the causes and on the date stated above.

SIGNATURE: [signature] (Degree or title) M.D. ADDRESS: Mt. Rainier Md. DATE SIGNED: 12-19-51

23. BURIAL, CREMATION, REMOVAL (Specify) Interment; DATE THEREOF 12/19/51; NAME OF CEMETERY OR CREMATORY Kawanee; LOCATION (City, town, or county) Illinois (State)

DATE REC'D BY LOCAL REG. 12/19/51; REGISTRAR'S SIGNATURE Amanda Downey

24. FUNERAL DIRECTOR: E Gaecke Sons; ADDRESS Hyattsville Md

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 245

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information called for. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15 9-45-15

1. PLACE OF DEATH:

County ... Pr Geo Co

City or town ... Hyatts Md

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? ...

Hospital, institution, or street address where death occurred:

How long in hospital or institution? ... 11 days

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State ... Md. County ... Pr Geo Co

City or town ... Beltsville Md

(If outside city or town limits, write RURAL and give nearest town)

Street No. ...

(If rural, give LOCATION)

2.(a) If veteran, name war. ...

3. (a) FULL NAME Henry Mello

3. (b) Social Security Number

4. Sex	5. Color or race	6. (a) Single, married, widowed or divorced
M	W	W

6.(b) Name of husband or wife ...

6.(c) If alive, give age ... years

7. Birth date of deceased (mo., day, yr.) Dec 24 1862

8. AGE: Years 88 | Months 11 | Days 24 | If less than one day ... hrs. ... min.

9. Birthplace Germany (Town, county, and state)

10. Usual occupation Farmer

11. Industry or business Farmer

MOTHER FATHER

12. Name Henry Mello

13. Birthplace Ger

14. Maiden name Unk

15. Birthplace Ger

16. Informant Mr Clifton Mello

Address Beltsville Md.

17. Burial, cremation, or removal. Which? Burial Date thereof 12-6-51 (month) (day) (year)

Cemetery or crematory Ft Lincoln Cem

Location Pr Geo Co Md

18. Funeral director W R Hemstreet & Son

Address 5732 Ga Ave. N.W.

19. (Date rec'd by registrar) Dec 5 51 James Seery Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 5 1951 at 11 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 1 1951 to Dec 5 1951 and that I last saw him alive on June 4 1951

Immediate cause of death	DURATION
(a) Arteriosclerosis	1 year
Due to (b) Hypostatic pneumonia	
Due to (c)	
Other conditions 4467	

(include pregnancy within 3 months of death)

131a

Major findings of operations ... Date of op. ...

Autopsy results ...

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide ... Date of ...

Where did injury occur? ... (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) ...

Means of injury ... Injured at work?

23. SIGNATURE Thomas J Bailey Jr M. D. or other

Address 65 - 11th St. Alle Date signed Dec 5 51

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A10

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 234

1. PLACE OF DEATH
COUNTY: Prince George — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Boulevard Heights
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY: Pr. George
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Boulevard Heights
STREET ADDRESS (If rural, give location): 4819 - Clark Street S. E.

3. NAME OF DECEASED (Type or Print): (First) Catherine (Middle) E. (Last) Stewart

4. DATE OF DEATH (Month) (Day) (Year): December 11th. 1951

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Female	White	Married	Oct. 2, 1866	85 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife	Domestic	Canada	USA.

13. FATHER'S NAME: Unknown

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS: Albert E. Stewart, 4819 - Clark St. S. E.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Pulmonary Edema	week
442X **Antecedent cause(s)** Disease or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Chr. Myocarditis	Several Years
1512	(c) Cardio-vascular Renal Disease	—

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from Aug., 1949, to Dec. 11, 1951, that I last saw the deceased alive on Dec. 9, 1951, and that death occurred at 2 a.m. m., from the causes and on the date stated above.

SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
J.A. Williams	35- New York Ave., N. W. Wash., D.C.	12/11/51

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Dec. 13th, 1951	Cedar Hill Cemetery	Suitland, Maryland

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Dec. 11th 51	Howard L Beall	Simmons Bros.	1007- Nichols ave., SE

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 248

1. PLACE OF DEATH: COUNTY Prince Georges — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN W. Brentwood
LENGTH OF STAY (In this place) Transit
HOSPITAL OR INSTITUTION OR STREET ADDRESS 4509 - Church St.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE W — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington, D.C.
STREET ADDRESS (If rural, give location) 2264 - 8th St. N.W

3. NAME OF DECEASED (Type or Print): (First) Ruby (Middle) Sylvia (Last) Stewart
4. DATE OF DEATH: (Month) Dec - 6. (Day) (Year) 1951

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs: Hours	Min.
Female	Colored	Married	3-4-06	45 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Car Cleaner
10b. KIND OF BUSINESS OR INDUSTRY: Capitol Transit
11. BIRTHPLACE (State or foreign country): Wash. D.C.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Marsah Jones
14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): None
16. SOCIAL SECURITY NO.: 579-32-6535
17. INFORMANT AND ADDRESS: Earl M. Stewart Jr. Same -

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

981 X — **Immediate cause** (a) Hemorrhage + shock
166 — **Antecedent cause(s)** Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Gunshot wound of chest + abdomen
(c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes X No ☐

21. EXTERNAL CAUSE WAS PRIMARY X OR CONTRIBUTING CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: house
(CITY OR TOWN) N. Brentwood, Pr. Geo. (COUNTY) (STATE) Md
TIME OF INJURY (Month) (Day) (Year) 12-6-51 (Hour) By p 5:30 m.
INJURY OCCURRED While at work ☐ Not while at work X
HOW DID INJURY OCCUR? Gunshot wounds inflicted by another person.

22. *I certify that I took charge of the remains described above, held an Autopsy X Inspection X Inquiry X thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide X undetermined ☐.*

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
John D. Mahoney	M.D. Dep. Med. Exam.	Cheverly - Hyattsville, Md	12-6-51

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
	6 Dec 51	Edmonson Funeral Homes	Washington D.C.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
12/6/51	Amanda Downey	James H. Edmonson	Washington, D.C.
12/8/51	James Bailey		

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A1

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 245

1. PLACE OF DEATH: COUNTY Prince George — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Mt. Rainier
LENGTH OF STAY (in this place) 28 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 4007 37th St.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Prince George
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Mt. Rainier
STREET ADDRESS (If rural, give location) 4007 37th St.

3. NAME OF DECEASED (Type or Print): (First) GORDON (Middle) WILBUR (Last) STORKE
4. DATE OF DEATH (Month) (Day) (Year): 12-25-51 19

5. SEX: male
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married
8. DATE OF BIRTH: 7-14-1890
9. AGE last birthday: 61 yrs. | If under 1 year: Months / Days | If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): warehouseman
10b. KIND OF BUSINESS OR INDUSTRY: Safeway Grocery
11. BIRTHPLACE (State or foreign country): Prince William Co. Va
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Melvin Storke
14. MOTHER'S MAIDEN NAME: Virginia Shepard

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) —
(If yes, give war or dates of service) —
16. SOCIAL SECURITY NO.: 579-03-2379
17. INFORMANT AND ADDRESS: Mary F. Storke, Mt. Rainier Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral Hemorrhage — Interval between onset and death: 5 weeks

331X Antecedent cause(s) Disease or conditions, if any, giving rise to the above cause stating the underlying cause last
82a (b)
(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov. 20, 1951, to Dec 25, 1951, that I last saw the deceased alive on Dec. 23, 1951, and that death occurred at 6:30A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Harry M Fletcher MD 1801 K St NW. Dec 25 1951

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF: 12-28-51 | NAME OF CEMETERY OR CREMATORY: Woodbine Cemetery | LOCATION (City, town, or county) (State): Prince William Co. Va.

DATE REC'D BY LOCAL REG. Dec. 25 1951 | REGISTRAR'S SIGNATURE: Mrs. Jas. Devere | 24. FUNERAL DIRECTOR ADDRESS: E. H. Hines Co. Washington, D. C.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 231

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct answer is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Prince Georges — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cheverly — LENGTH OF STAY (In this office) 2 Days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince Georges Gen Hosp

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Pr. Geo
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Mitchellville
STREET ADDRESS (If rural, give location) R.F.D. #30

3. NAME OF DECEASED (Type or Print): (First) Virginia (Middle) Lee (Last) Thomas

4. DATE OF DEATH: (Month) Dec (Day) 8 (Year) 1951

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Single

8. DATE OF BIRTH: May 14 1950

9. AGE last birthday: XXX yrs. — If under 1 year: Months — Days — If under 24 hrs: Hours — Min.: 1 Year

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Joseph Leroy Thomas

14. MOTHER'S MAIDEN NAME: Lillian Tucker

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT AND ADDRESS: Mother - Same

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Acute congestive heart failure

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Toxemia

(c) Bronchopneumonia

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☒ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ___ OR CONTRIBUTING ___ CAUSE OF DEATH. | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at work ☐ Not while at work ☐ | HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☒ Inspection ☒ Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ___, suicide ___, homicide ___, undetermined ___.*

SIGNATURE | (Degree or title) | ADDRESS | DATE SIGNED

John W. Maloney M.D. Dep. Med. Exmr. Cheverly Md. 12-8-51

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF: 12/10/1951 | NAME OF CEMETERY OR CREMATORY: Ft. Lincoln Cemetery | LOCATION (City, town, or county) (State): Colmar Manor Md.

DATE REC'D BY LOCAL REG. 12/10/51 | REGISTRAR'S SIGNATURE: Amanda Downey

24. FUNERAL DIRECTOR | ADDRESS: F. Gasch's Sons Hyattsville Maryland.

VS. A15A

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 7

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

VS. 415

1. PLACE OF DEATH: COUNTY Prince Georges — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Beverly — LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince Geo Gen. Hosp

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Prince Geo.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington 19 DC
STREET ADDRESS (If rural, give location) 1113-7th Ave.

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Leona		Thompson	12	28	1951

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months / Days	If under 24 hrs.: Hours / Min.
Female	Colored	Widow	10 Feb 1888	63 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
House wife	House wife	Virginia	U.S.A

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
? Blackshear	Hattie Bell

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
No	None	Blanche Hill 1106-21st Pl NE #10

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Circulatory and Respiratory Failure — 24 hrs

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b) Diabetic Coma; cerebrovascular accident — ?
(c) Diabetes Mellitus; Hypertension (?) — ?

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
—	—	Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
—	—			

TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
—			m.	—	—

22. I hereby certify that I attended the deceased from 12-26, 1951, to 12-29, 1951, that I last saw the deceased alive on 12-29, 1951 and that death occurred at 1:45 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
Ralph J. Flemer MD	5432 Annus Chapel Rd Hyattsville Md	1/2/52

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
	1-2-1952	Arlington National	Arlington Virginia

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS
Dec. 30-1951		Henry S. Washington 462 N St. N.W

12493

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 247

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Prince Georges — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hillside, Md. — LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 5604 O St. S.E.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Pr Georges
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hillside Md) Washington 19 DC
STREET ADDRESS (If rural, give location) 5604 O St S.E.

3. NAME OF DECEASED (Type or Print): (First) BERTHA (Middle) TOMSON (Last) ~~Thomson~~
4. DATE OF DEATH: (Month) DEC. (Day) 12 (Year) 1951

5. SEX: FEMALE
6. COLOR OR RACE: WHITE
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed
8. DATE OF BIRTH: 3-18-1865
9. AGE last birthday: 86 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (State or foreign country): Washington DC
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Herman Schmidt
14. MOTHER'S MAIDEN NAME: Catherine Vogler

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): no
16. SOCIAL SECURITY NO.: —
17. INFORMANT AND ADDRESS: Elsie E. Denham 5604 O St S.E. Washington 19 D.C.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Cerebral hemorrhage — 5 days
442 X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Cardio-Vascular-Renal Disease — unknown
(c)
12-1a

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION: None
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): — —
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: —
(CITY OR TOWN): —
(COUNTY): —
(STATE): —
TIME OF INJURY (Month) (Day) (Year) (Hour): — m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 17, 1951, to 12-12, 1951, that I last saw the deceased alive on 12-12, 1951, and that death occurred at 6 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title): [signature] — ADDRESS: 5440 Silver Hill Rd. S.E. Washington D.C. — DATE SIGNED: 12-12-51

23. BURIAL, CREMATION, REMOVAL (Specify): — DATE THEREOF: Dec 15-1951 — NAME OF CEMETERY OR CREMATORY: Cedar Hill — LOCATION (City, town, or county): Pr. Geo. — (State): Md

DATE REC'D BY LOCAL REG.: Dec 12-1951 — REGISTRAR'S SIGNATURE: Edna F. Gelini

24. FUNERAL DIRECTOR: Peter L. Hines Co. — ADDRESS: 3901-14th St. WASH. D.C.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

12495

Reg. Dist. No. 242

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Prince George — MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN District Heights; LENGTH OF STAY (In this place) Life; HOSPITAL OR INSTITUTION OR STREET ADDRESS None

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Prince George; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN District Hgts. Md; STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) William (Middle) Henry (Last) Tilghman

4. DATE OF DEATH: (Month) 12 (Day) 21 (Year) 1951

5. SEX: M

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: 1879

9. AGE last birthday: 72 yrs. — If under 1 year: Months; Days — If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer owned

10b. KIND OF BUSINESS OR INDUSTRY: Farmer

11. BIRTHPLACE (State or foreign country): Prince George Co.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Michael Tilghman

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT: Herman Tilghman (Son)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Hypertensive Heart Disease

443X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 93d (b) Hypertension

(c)

INTERVAL BETWEEN ONSET AND DEATH: Years

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov 16, 1951, to Dec 21, 1951, that I last saw the deceased alive on Dec 11, 1951, and that death occurred at .....m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

John W. Rent M.D. 330-61st St. DE Dec 21, 1951

23. BURIAL, CREMATION, REMOVAL (Specify) — DATE THEREOF Dec. 21-1951 — NAME OF CEMETERY OR CREMATORY — LOCATION (City, town, or county) (State)

DATE REC'D BY LOCAL REG. Dec 21 1951 — REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR — ADDRESS Henry S. Washington 467 "N" st NW

RECEIVED
DEC. 26 1931
BUREAU OF S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 243

MARGIN RESERVED FOR BINDING. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. PLEASE WRITE PLAINLY, WITH UNFADING INK.

VS-A15

1. PLACE OF DEATH
COUNTY: Prince Georges — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Glenn Dale (Rural)
LENGTH OF STAY (in this place): 2 yrs., 3 mo's
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Glenn Dale Sanatorium

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: D.C. — COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Washington
STREET ADDRESS (If rural, give location): 417 - L. St., N.W. ✓

3. NAME OF DECEASED (Type or Print): (First) CHARLIE (Middle) (Last) TILLERY

4. DATE OF DEATH: (Month) 12 (Day) 12 (Year) 1951

5. SEX: Male

6. COLOR OR RACE: Negro

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): single

8. DATE OF BIRTH: 5/30/1897

9. AGE last birthday: 54 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Janitor

10b. KIND OF BUSINESS OR INDUSTRY: -

11. BIRTHPLACE (State or foreign country): Halifax, N. Carolina

12. CITIZEN OF WHAT COUNTRY? U.S.A

13. FATHER'S NAME: Edmund Tillery

14. MOTHER'S MAIDEN NAME: Maria Demry

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): yes — (If yes, give war or dates of service): 9/42 - 11/42

16. SOCIAL SECURITY NO.: 579-22-5665

17. INFORMANT AND ADDRESS: Decedent

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Pulmonary Tuberculosis	2 years 5 months
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour): m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8/31/1949, to 12/12/1951, that I last saw the deceased alive on 12/12/1951, and that death occurred at 10:45 P m., from the causes and on the date stated above.

SIGNATURE: Daniel Lee Ficano M.D. (Degree or title)

ADDRESS: Glenn Dale Sanatorium, Glenn Dale, Maryland

DATE SIGNED: 12/12/51

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF: 12/16/51

NAME OF CEMETERY OR CREMATORY: Woodlawn.

LOCATION (City, town, or county) (State): Wash. D.C.

DATE REC'D BY LOCAL REG.: 12/13/51

REGISTRAR'S SIGNATURE: Mol Weiss

24. FUNERAL DIRECTOR: St. Joseph Funeral Home

ADDRESS: 306 L St. N.W.

RECEIVED
JAN 2 1952
BUREAU V. S.

12497

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 245

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH: COUNTY Prince Georges — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN N. Brentwood — LENGTH OF STAY (in this place) 5 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS 4509 Church St.,

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Pr. George
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN N. Brentwood
STREET ADDRESS (If rural, give location) 4509 Church St

3. NAME OF DECEASED (Type or Print)	(First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
	James	E.	Waller	Dec.	6	1951

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs: Hours	Min.
Male	Colored	Single	13 Jan 1898	53 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Retired Government Employee	Government	Virginia	U.S.A.

13. FATHER'S NAME Hinton Waller

14. MOTHER'S MAIDEN NAME Margie Bailey

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) No — (If yes, give war or dates of service) None

16. SOCIAL SECURITY NO. ? None

17. INFORMANT AND ADDRESS Katie Bell Applewhite - New York City

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Hemorrhage & shock

Antecedent cause(s) Disease or conditions, if any, giving rise to the above cause stating the underlying cause last — (b) Gun shot wound of chest

(c)

976K
164c

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☒ No ☐

21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING CAUSE OF DEATH.	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
	Home	N. Brentwood	Pr. Geo.	Md.

TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	INJURY OCCURRED While at work ☐	Not while at work ☒	HOW DID INJURY OCCUR?
12	6	51	8 p.m.			Self inflicted wound.

22. *I certify that I took charge of the remains described above, held an Autopsy ☒ Inspection ☒ Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐ homicide ☐, undetermined ☐.*

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
John J. Maloney M.D	Dep Med Exam	Cheverly, Hyattsville Md	12-6-51

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
	8 Dec 51	Davis Funeral Home	Washington D.C.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
12/8/51	Amanda Dorney	W. Ernest Jones & Co	1432 4th St. N.W. Washington D.C.

12/10/51 James Devery

12498

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 231

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS: A15

1. PLACE OF DEATH: COUNTY Prince George — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cheverly
LENGTH OF STAY (in this place) 28 days.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince George General Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY P.G.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Calmar Manor
STREET ADDRESS (If rural, give location) 4307 Meade St.

3. NAME OF DECEASED (Type or Print): (First) Laura (Middle) R. (Last) Weaver
4. DATE OF DEATH: (Month) December (Day) 26 (Year) 1951

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: Nov. 14, 1882
9. AGE last birthday: 69 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Own Home
11. BIRTHPLACE (State or foreign country): Washington D.C.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: [illegible]
14. MOTHER'S MAIDEN NAME: [illegible]

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) — (If yes, give war or dates of service)
16. SOCIAL SECURITY No.
17. INFORMANT AND ADDRESS: Clarence Weaver Rogers Ave Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Hemorrhagic Diathesis, Pulmonary Congestion with Bilateral Hydrothorax

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b) Monocytic Leukemia
(c) Portal Cirrhosis.

5/10
1246

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☑ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY
(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ....., 19....., to ....., 19....., that I last saw the deceased alive on ....., 19....., and that death occurred at 8:55 A.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Ronald V. Flowers M.D. 5432 Annapolis Road Hyattsville Md 12/26/51

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF: 12/31/51
NAME OF CEMETERY OR CREMATORY: Arlington
LOCATION (City, town, or county) (State): Arlington Va

DATE REC'D BY LOCAL REG. 12/30/51
REGISTRAR'S SIGNATURE: Amanda Downey
24. FUNERAL DIRECTOR ADDRESS: E. Gastmeyer Hyattsville Md

RECEIVED
JAN 2 1952
BUREAU OF

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

12499

Reg. Dist. No. 231

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Prince George MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Colmar Manor; LENGTH OF STAY (in this place) 10 years; HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Prince Geo; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Colmar Manor; STREET ADDRESS (If rural, give location) 3909 New York Rd.

3. NAME OF DECEASED (Type or Print): (First) Sophia (Middle) White (Last) Willett

4. DATE OF DEATH: (Month) Dec (Day) 17 (Year) 1951

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: 10/18/1857

9. AGE last birthday: 94 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House Wife

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Frank Orsborne White

14. MOTHER'S MAIDEN NAME: Elizabeth Cator

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: No

17. INFORMANT AND ADDRESS: Mrs Martha Dennison 3909 New York Rd.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Arterio sclerotic Heart & Kidney disease

420.0 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Bronchitis chr.

93d (c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec 8, 1951, to Dec 17, 1951, that I last saw the deceased alive on 12-17, 1951, and that death occurred at 8.20 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Edward L. Nagengast M.D. 2210 24th St. Coverdale 12-17-51

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF: 12/19/1951.

NAME OF CEMETERY OR CREMATORY: Cedar Hill Cem

LOCATION (City, town, or county) (State): Suitland Maryland

DATE REC'D BY LOCAL REG. 12/17/51

REGISTRAR'S SIGNATURE: Amanda Downey

24. FUNERAL DIRECTOR: J. Wm. Lee's Sons Co. ADDRESS: 300-4th St N.E. Washington D.C.

DEC 19 1951

U. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 4-7-[illegible]

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A

1. PLACE OF DEATH: COUNTY Prince Georges — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Seat Pleasant
LENGTH OF STAY (in this place) Transient
HOSPITAL OR INSTITUTION OR STREET ADDRESS Dr. Brady's Office

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE District of Columbia — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Deanwood
STREET ADDRESS (If rural, give location) 4622 Hayes St N.E.

3. NAME OF DECEASED (Type or Print): (First) George (Middle) Wolford (Last) Williams

4. DATE OF DEATH: (Month) 12 (Day) 24 (Year) 1957

5. SEX: male

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Write word): Married

8. DATE OF BIRTH

9. AGE last birthday: 57 yrs. — If under 1 year: Months / Days — If under 24 hrs: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Painter

10b. KIND OF BUSINESS OR INDUSTRY: Building

11. BIRTHPLACE (State or foreign country): Washington D.C.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Robert Williams

14. MOTHER'S MAIDEN NAME: Paralee Amelia Watts

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS: Hattie G. Williams Same address

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Acute Congestive heart failure

441X **Antecedent cause(s)** Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 131a (b) Cardiovascular renal disease

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☑ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐, OR CONTRIBUTING ☐ CAUSE OF DEATH. | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at work ☐ Not while at work ☐ | HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ✓, Inspection ✓, Inquiry ✓ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ✓, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE: James D. Boyd (Degree or title) M.D. ADDRESS: Freestate Mem DATE SIGNED: 12/24/57

23. BURIAL, CREMATION, REMOVAL (Specify) | DATE THEREOF: 28 Dec 57 | NAME OF CEMETERY OR CREMATORY: W. Emmett Darrow | LOCATION (City, town, or county) (State): Washington D.C.

DATE REC'D BY LOCAL REG. 12-26 | REGISTRAR'S SIGNATURE: Amanda Downey | 24. FUNERAL DIRECTOR: W. Emmett Darrow ADDRESS: Washington D.C.

19/07

RECEIVED
JUN 2 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 2x31

MARGIN RETAINED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A16

1. PLACE OF DEATH: COUNTY Prince George — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cheverly. — LENGTH OF STAY (in this place) 4 hrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince Geo. Gen Hosp

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Prince George
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Braentwood
STREET ADDRESS (If rural, give location) 3916 Allison St

3. NAME OF DECEASED (Type or Print): (First) Lizzie (Middle) (Last) Williams

4. DATE OF DEATH: (Month) Dec. (Day) 26 (Year) 1957

5. SEX: Female

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: 10-16-1887

9. AGE last birthday: 69 yrs.

If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Virginia

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Ruben Nash

14. MOTHER'S MAIDEN NAME: Mary Katherine Penny

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT AND ADDRESS:

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Cerebro-vascular accident	d.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Hypertensive Cardio-vascular Disease	Years
	(c) Diabetes mellitus	Years

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE):

TIME OF INJURY (Month) (Day) (Year) (Hour): m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12-25-57, to 12-25-57, that I last saw the deceased alive on 12-25-57, and that death occurred at 11:45 p. m., from the causes and on the date stated above.

SIGNATURE (Degree or title): Ralph S. Flowers M.D. — ADDRESS: 4732 Annas Chapel Rd Lanham Md. — DATE SIGNED: 12/26/57

23. BURIAL, CREMATION, REMOVAL (Specify): — DATE THEREOF: 12/29/57 — NAME OF CEMETERY OR CREMATORY: Lincoln Mem. — LOCATION (City, town, or county) (State): Suitland Md.

DATE REC'D BY LOCAL REG.: 12-27 — REGISTRAR'S SIGNATURE: Amanda Downey — 24. FUNERAL DIRECTOR: John T. Rhines & Co. — ADDRESS: 901 3rd St S.W.

151

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 231

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Prince George. STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cheverly
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince George General Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY P.G.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Brentwood
STREET ADDRESS (If rural, give location) 3824 Olive St.

3. NAME OF DECEASED (Type or Print): (First) John (Middle) (Last) Wilson
4. DATE OF DEATH (Month) Dec. (Day) 10 (Year) 1951

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: Nov. 6, 1869
9. AGE last birthday: 82 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life even if retired): Retired Compositor
10b. KIND OF BUSINESS OR INDUSTRY: Govt. Printing office
11. BIRTHPLACE (State or foreign country): Washington, D.C.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Leander G. Wilson
14. MOTHER'S MAIDEN NAME: Amanda Poole

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS: Sallie Wilson. Wife

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) CIRCULATORY + RESPIRATORY FAILURE	24 hrs
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) ARTERIOSCLEROTIC HEART DISEASE; UREMIA	?
	(c) DIABETES MELLITUS; hypostatic pneumonia	?

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION: —
19b. MAJOR FINDINGS OF OPERATION: —
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: —
(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour): —
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from 10-29-, 1951, to 12-10, 1951, that I last saw the deceased alive on 12-10-, 1951, and that death occurred at 2 00 P.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Ralph J. Flaherty M.D. 4432 Bunkhaven Rd Hyattsville Md 12/11/51

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF: Dec 13, 1951
NAME OF CEMETERY OR CREMATORY: Congressional Cem
LOCATION (City, town, or county) (State): Wash. D.C.

DATE REC'D BY LOCAL REG.: 12-11-51
REGISTRAR'S SIGNATURE: Amanda Downey
24. FUNERAL DIRECTOR: The S. H. Hines Co
ADDRESS: 2901-14th St NW Wash D.C.

RECEIVED
APR 14 1951
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 245

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 8-51

1. PLACE OF DEATH: COUNTY Prince Georges MARYLAND
CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN College Park
LENGTH OF STAY (in this place) 2 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS 4707 Calvert Rd

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Prince Georges
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN College Park
STREET ADDRESS (If rural, give location) 4707 Calvert Rd

3. NAME OF DECEASED: (Type or Print) (First) FRANCES (Middle) ELWYN (Last) WITTSELL
4. DATE OF DEATH: (Month) Dec (Day) 12 (Year) 19-51

5. SEX: Female
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) widowed
8. DATE OF BIRTH: 2/2/1907
9. AGE last birthday: 44 yrs.
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Own home
11. BIRTHPLACE (State or foreign country): Atlanta Georgia
12. CITIZEN OF WHAT COUNTRY? U S a

13. FATHER'S NAME: William L. Hawley
14. MOTHER'S MAIDEN NAME: Rose Etta Byrne

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.:
17. INFORMANT & ADDRESS: Mrs Percy Carr 9200 University Blvd Richmond Va

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:
Immediate cause (a) Hemorrhage due to rupture of
DUE TO aneurysm of thoracic aorta
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last
(b)
DUE TO
(c) Arterio-sclerotic cardio-vascular disease

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. → (OVER)

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY
(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) M.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12/7/51 19 Am, to ——, 19——, that I last saw the deceased alive on 12-7, 19 51, and that death occurred at 10 Am m. from the causes and on the date stated above.
SIGNATURE (DEGREE OR TITLE) ADDRESS DATE SIGNED
C. H. Elaine M.D. College Park, Md 12-12-51

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF 14 Dec 51
NAME OF CEMETERY OR CREMATORY: Riverview Cemetery
LOCATION (City, town, or county) Richmond (State) Va

DATE REC'D BY LOCAL REG. Dec 13, 1951
REGISTRAR'S SIGNATURE James Percy
24. FUNERAL DIRECTOR. ADDRESS
L. Bascheone Hyattsville Md

Medical Examiner notified
12/14/51 - 10:15 AM - not Coroner's
case Dr. Stevens, Jr.)

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 244

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct and is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Prince George — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Suitland
LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Silver Hill Road

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Florida COUNTY Seminole
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Sanford
STREET ADDRESS (If rural, give location) 2033 Maple Avenue

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Lewis	James	Wright	12	9	51

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Male	White	Single	9/22/17	34 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Officer	Army Airforce	CHACNCEY, GEORGIA	U.S.A.

13. FATHER'S NAME Everett
14. MOTHER'S MAIDEN NAME Georgia Burch

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS Personal records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Hemorrhage and shock	
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Crushed skull and chest	
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
Silver hill Rd	Suitland	P. G.	Md.

TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	INJURY OCCURRED While at work ☐	Not while at work ☒	HOW DID INJURY OCCUR?
12	9	51	6A m.			Driver of car that turned over

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒ suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE James H Boyd (Degree or title) M. D. ADDRESS Forestville, Md. DATE SIGNED 12/9/51

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial			

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
12/10/51	Alma L. Hall	Brisson Funeral Director	905 Laurel Ave., Sanford, Fla.

VS. A15A

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 2-54

1. PLACE OF DEATH
COUNTY Prince Georges Co. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Suitland Md
LENGTH OF STAY (In this place) 41 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY Prince Georges
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Suitland Md.
STREET ADDRESS (If rural, give location) 4451 Whitehall st. S.E. D.C.

3. NAME OF DECEASED (Type or Print) (First) Alfred (Middle) (Last) Wynn

4. DATE OF DEATH (Month) 12 (Day) 21 (Year) 1951

5. SEX Male

6. COLOR OR RACE White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) married

8. DATE OF BIRTH Oct. 29-1872

9. AGE last birthday 79 yrs.
If under 1 year: Months / Days
If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired

10b. KIND OF BUSINESS OR INDUSTRY Brick mason

11. BIRTHPLACE (State or foreign country) England

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Anthony Wynn

14. MOTHER'S MAIDEN NAME Isabell Sparks

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS Marian Virginia Wynn

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cardiac Insufficiency — Interval between onset and death: 4 days

420.0 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Coronary occlusion — 21 days

93d (c) Hypertensive arterio-sclerotic Heart Disease

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death: Multiple Cerebro-Vascular accidents approx 1 yr.

19a. DATE OF OPERATION None

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☑ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6 Nov., 1950, to 21 Dec., 1951, that I last saw the deceased alive on 20 Dec., 1951, and that death occurred at 8:00 A.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Sidney W. Lowry M.D. 7601 Gateway Blvd. District Hgts. Md. 12/24/51

23. BURIAL, CREMATION, REMOVAL (Specify) DATE THEREOF 12/24/51 NAME OF CEMETERY OR CREMATORY Cedar Hill Cem LOCATION (City, town, or county) Pr. Georges Co (State) Md

DATE RECD BY LOCAL REG. Dec. 25, 1951 REG'R'S SIGNATURE Howard I. Beall Jr

24. FUNERAL DIRECTOR The S.W. Jones Company ADDRESS 901-14 2nd N.W. Wash 9 D.C.

RECEIVED
JAN 10 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

12505

CERTIFICATE OF DEATH

Reg. Dist. No. 243

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY Prince Georges MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Glenn Dale (Rural)
LENGTH OF STAY (in this place) 10 mo's 11 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Glenn Dale Sanatorium

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE D.C. COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington
STREET ADDRESS (If rural, give location) 61- Bryant St., N.W.

3. NAME OF DECEASED (Type or Print): (First) EMMA (Middle) L (Last) YOUNG
4. DATE OF DEATH: (Month) 12 (Day) 29 (Year) 1957
5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed
8. DATE OF BIRTH: 6/2/71
9. AGE last birthday: 80 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: -
11. BIRTHPLACE (State or foreign country): Washington, D.C.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: John H. Awe
14. MOTHER'S MAIDEN NAME: Wilhelmina Kemp
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY No.: none
17. INFORMANT AND ADDRESS: Decedent

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Hypertensive Cardiovascular Disease	4 yrs.
Antecedent cause(s) Disease or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c) Pulmonary Tuberculosis	14 yrs 10 mos

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☑ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE):
TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2/15, 19 50, to 12/29, 19 57, that I last saw the deceased alive on 12/29, 19 57, and that death occurred at 1:45 P m., from the causes and on the date stated above.

SIGNATURE: Daniel Lee Pinciaro (Degree or title): M.D. ADDRESS: Glenn Dale Sanatorium, Glenn Dale, Maryland DATE SIGNED: 12/29/57

23. BURIAL / CREMATION / REMOVAL (Specify): DATE THEREOF: 1/2/58 NAME OF CEMETERY OR CREMATORY: Glenwood Cemetery LOCATION (City, town, or county) (State): Washington DC

DATE REC'D BY LOCAL REG.: 12/29/57 REGISTRAR'S SIGNATURE: Roe Awe

24. FUNERAL DIRECTOR: The S.H. Hines Co ADDRESS: 2901 14th St NW Washington DC

VS-A15

RECEIVED
JAN 7 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

12506

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 231

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS-A15

1. PLACE OF DEATH: COUNTY Prince George's — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cheverly — LENGTH OF STAY (in this place) 1 day
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince George's Gen. Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Pr. George's
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bladensburg Maryland
STREET ADDRESS (If rural, give location) 4106 - 53rd Ave. -

3. NAME OF DECEASED (Type or Print): (First) Madge (Middle) May (Last) Youngs
4. DATE OF DEATH: (Month) Dec. (Day) 5, (Year) 1951

5. SEX: F
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)
8. DATE OF BIRTH: 5/29/1900
9. AGE last birthday: 51 yrs.
If under 1 year: Months / Days
If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Clerk
10b. KIND OF BUSINESS OR INDUSTRY: Library of Congress
11. BIRTHPLACE (State or foreign country): Missouri
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: William T. Campbell
14. MOTHER'S MAIDEN NAME: Alice L. Robinson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): —
16. SOCIAL SECURITY NO.: 579-01-9448
17. INFORMANT AND ADDRESS: George Youngs - Bladensburg, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Carcinoma - generalized metastases — Interval between onset and death: 1 mo?

153X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Carcinoma - large bowel — 8 mo?
46 2

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 9-28-51
19b. MAJOR FINDINGS OF OPERATION: Ca. large bowel - with extension to liver & nodes.
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9-25, 1951, to 12-5, 1951, that I last saw the deceased alive on 12-5, 1951, and that death occurred at 2:25 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title): R.A. Bonner, M.D.
ADDRESS: 4314 Gallatin St Hyattsville, Md.
DATE SIGNED: 12-5-51

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF: 12/7/51
NAME OF CEMETERY OR CREMATORY: Arlington National
LOCATION (City, town, or county) (State): Arlington, Virginia

DATE REC'D BY LOCAL REG. 12/7/51
REGISTRAR'S SIGNATURE: Amanda Downey
24. FUNERAL DIRECTOR: Francis Gaschi Sons, Hyattsville, Md.
ADDRESS

324-852

RECEIVED
DEC 10 1951
BUREAU V. S.